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ABSTRACT

Presented are 14 articles or monographs which focus on educational strategies involved in the integration of handicapped children into Head Start projects. Two introductory articles describe classroom techniques Head Start teachers should use in integrating handicapped children into regular classrooms and discuss the nature of handicapping conditions and strategies for the delivery of services in integrated classroom settings. Two articles center on practical suggestions for parent involvement which is seen to be central to any comprehensive educational program for young children. Five articles on classroom planning and instructional strategies consider the following topics: the importance of discipline in the education of disadvantaged preschool children, behavior modification, classroom planning for exceptional children, teaching language delayed children, the use of nonverbal messages as a means to verbalization, and materials for stimulating the speech and language of handicapped children. The final section on staff training consists of four articles with the following titles: Effective Preservice and Inservice Training in the Head Start Program, An Administrator's Suggestions for a Sample Staff Training Program Sequence in an Early Childhood Education Center for Handicapped Children, A Collaborative Response to the Head Start Mandate to Integrate Handicapped Children, and A Model Orientation Workshop on Integrating Handicapped Children into Project Head Start. (DB)

HANDICAPPED CHILDREN IN HEAD START SERIES

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SELECTED READINGS IN EARLY EDUCATION OF HANDICAPPED CHILDREN

HEAD START INFORMATION PROJECT
THE COUNCIL FOR EXCEPTIONAL CHILDREN
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INTRODUCTION

The Economic Opportunity Amendments Act of 1972 provides that at least 10 percent of the enrollment opportunities in Project Head Start shall be available to handicapped children. Selected Readings is a compilation of fourteen articles and monographs on topics related to the early education of handicapped children. These articles and monographs discuss educational strategies addressing some of the issues involved in the integration of handicapped children into Project Head Start.

The first two articles are an introduction to the education of young handicapped children. Mary Glockner describes classroom techniques Head Start teachers should use in integrating handicapped children into regular classrooms. Fred J. Krieg then presents an informative discussion on the nature of handicapping conditions. This article--a primer--also discusses educational strategies for the delivery of services in integrated classroom settings.

Parent involvement is central to any comprehensive educational program for young children. This topic is ably addressed in articles by Ernestine Rainey and by Clara M. Chaney. Next, three separate contributions by Merle Karnes, K. Eileen Allen, and Joyce Stewart Evans focus upon behavioral management and general considerations in classroom planning. Merle Karnes and R. Reid Zehrbach outline an instructional approach in language development. Judith Bloch stresses the importance of nonverbal messages as a means to verbalization; and Don Sandy and Jay Rotberg discuss the use of materials for stimulating speech and language development.

The final series of articles and monographs deal with staff training. Alice Hayden comments upon issues related to preservice and inservice training in Project Head Start; Fred Kirby presents a Head Start staff training prototype; and, Alice Hayden and colleagues depict developments in Seattle Head Start collaboration with the University of Washington's Experimental Education Unit. A model orientation workshop format on integrating handicapped children into Project Head Start concludes the training section.

The Council for Exceptional Children gratefully acknowledges permission to combine these informative papers into a single volume for nationwide distribution to Head Start trainers. Contributions by Alice Hayden and colleagues have not appeared elsewhere. Other inclusions have appeared in the following publications: Teaching Exceptional Children, Exceptional Children, Instructor, University of Texas at Austin Staff Training Monograph Series, and Today's Catholic Teacher.

We hope Selected Readings will become a useful addition to the training repertoire of Head Start staff.

David L. Braddock
Director, CEC Head Start
Information Project

February 1974

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SECTION I

Understanding the Special Needs of Young Handicapped Children

INTEGRATING HANDICAPPED CHILDREN INTO REGULAR CLASSROOMS

by

Mary Glockner
ERIC/ECE

(based on an interview with
Dr. Jenny Klein, Director of
Educational Services, OCD)

As more states begin mandating education for handicapped children, there is a definite trend toward integrating these children into regular day care, preschool and elementary classrooms rather than channeling them into separate programs. Since many persons involved in early education have had limited experience with handicapped children, we asked Dr. Jenny Klein, Director of Educational Services, OCD, (whose background includes extensive work in special education) to talk about some of the things teachers and child care people might be thinking about as they begin working with handicapped children. The following article is based on Dr. Klein's comments.

"When you're working with a handicapped child," Dr. Klein says, "it is important to think of him first of all as a child, more like other children than different."

"A handicapped child may have some very special needs related to his particular handicap," she says, "but his basic needs are the same as those of "normal" children--especially the need to be accepted and loved and praised."

Dr. Klein believes firmly that integrating handicapped children into regular classrooms is a good idea. "If we want children to live in the real world, it is important for "normal" and handicapped children to learn to accept, appreciate, and understand each other," she says.

There is always concern about how "normal" children in a classroom will accept the presence of handicapped children. "The key here," says Dr. Klein, "is for you to understand your own feelings, because your reactions and your behavior provide a model for the children. If you are fearful, if you worry about being rejected by a handicapped child you can't seem to reach at all, or if you make too much fuss over the special child, the other children may pick up your feelings."

In addition to underlining the importance of thinking of every child (both normal and handicapped) as an individual with special strengths and weaknesses and special needs, Dr. Klein offered a number of more specific suggestions:

Learn as much as you can about the specific handicaps of the child or children who will be in your care. You don't have to become an expert; but learning about the specific disabilities in a general way should help you sort out some of the truisms from the misconceptions. (For instance, if you expect to be working with a deaf child, make it a point to learn something about deafness and the typical kinds of things that may happen to deaf children.)

Make the most of the resources in your area. Take advantage of any workshops or inservice training offered. Visit a good special education program, and talk to other teachers who have worked with handicapped children.

You may want to contact one or more of the associations organized for specific handicaps, such as the National Society for Autistic Children, National Association of Hearings and Speech Agencies, or National Easter Seal Society for Crippled Children and Adults. Most of these organizations publish a newsletter and furnish guides to background reading, teaching resources, workshops, etc. Another good source of information is the ERIC Clearinghouse on Exceptional Children, 1411 South Jefferson Highway, Suite 900, Arlington, Virginia 22202. (For additional sources, see end of article.)

Arrange to talk to the parents of the handicapped at a prearranged time--not in front of the child. This is a good way to find out as quickly as you can about some of his favorite activities and toys and some of the things that seem to bother him. (For instance, if a child's mother tells you that her son is frightened by loud noises, you can make arrangements ahead of time to have him out of the room when a rhythm band session is scheduled.) Find out if there are any specific situations which almost always trigger a negative reaction so you can avoid them.

Before the special child comes into the class on a regular basis, ask his mother to bring him into the classroom after school some day. In this way he can begin to get to know you and feel comfortable in the room. Encourage the child to explore and move around the room. Maybe you could arrange for one or two of the other children to come in toward the end of the visit.

Know what comes within the range of normal behavior for the age group you work with (it may be wider than you think). Knowing the problems of "normal" kids of this age might help remind you that the blind child in your group may be having a temper tantrum just because he's two, not necessarily because he's blind. Just as is the case with normal children, some handicapped children are easy to be with and some are difficult.

Phase the child in slowly. Give him a chance to adjust to you, the environment, and the other children. Plan to spend some time alone with the child each day so you can get to know him. Take your cues from the child: note what makes him comfortable or scared or belligerent. Don't ever force a child to participate in an activity--let him watch if he doesn't want to take part. Encourage the mother to stay with the child a few days at first, and keep your schedule flexible. Being in a group situation and having to meet new demands might be very hard for the special child: he may not be ready to stay the whole morning at first.

If you expect to have two or three severely handicapped children in your care, don't introduce them all into your class at the same time. This would be expecting too much of you, the new children and the others in the class. You all need time to get used to each other.

Don't make a big production of telling the other children that a handicapped child will be joining the group. It is often a better idea to talk to just one or two of the children at a time, asking them to help you make the new child feel comfortable.

Keep your expectations positive, but realistic. Avoid the two extremes of asking for too much or too little. Don't continually tell a child that he could do a particular task if he would just try harder. You may be giving him the impression that he's a failure because he never quite makes it.

However, be equally careful not to overprotect the special child. (Some parents and teachers unconsciously want to keep the child dependent on them so he is spared the realities of the world.) Your aim should be to provide experiences in which the child has to reach as far as he can without being frustrated.

Capitalize on the special child's strong points. Plan to set up situations in which the handicapped child does well in a group. A mentally retarded boy might have some playground skills that other children can appreciate; a deaf girl might do well in dramatic play. Sometimes you can try teaming up a particular child with a handicapped child in a project where their talents would complement each other.

Try to help the handicapped child gradually learn to follow more of the rules as he shows that he is ready. (This may be hard if exceptions have always been made for the child, or if he has severe emotional problems.) You might explain to children who seem bothered by Johnny's unpredictable behavior that he will eventually learn how to get along, but that at first the class will have to make some allowances. (It's important, too, to show a mother that while you are very lenient and stretch the rules when necessary, you feel confident that sooner or later a handicapped child can learn to adjust to the group.)

Know your own level of frustration, how much you can take. It's bad to be (or feel like) a martyr. Don't consider yourself a failure if you need to ask for help or send a child home occasionally. Keep in mind that some handicapped children have more difficulty than others in large groups. If you have a severely handicapped child and find that you're constantly worrying about how he's getting along, a parent or aide may be helpful. (Because if you suddenly spend a great deal of your time with one or two handicapped children, the other children in your care may feel jealous or hurt that you don't pay as much attention to them.)

If you're fortunate enough to have several volunteers, try to arrange for the same volunteer to work with a special child on a regular basis. (It might be very confusing to the child to have to relate to three or four different adults in addition to the teacher.)

Be honest in dealing with questions children ask. Its only natural for young children to notice handicaps or unusual behavior. You don't accomplish much by admonishing them not to stare or by ignoring their remarks and questions. If Sally says "Peter looks funny," you might say, "You think Peter looks funny. Peter does look different, but when you get to know him it won't seem important any more." Or you could point out that Mary Lou doesn't wiggle around because she wants to but because she has cerebral palsy. (You may want to explain that something happened before she was born that makes it hard for Mary Lou to keep still.)

Be alert for any child in the group who seems to be cruel or overprotective. These children may need special attention. Try to find out what it is that may account for their behavior. Sometimes it may be caused by fear that something will happen to them, that they may become crippled or blind. (Especially if they've often heard warnings such as "you're going to fall out of that tree and break your leg.") Possibly you may have to allay a fear that has never been expressed.

It is likely that most of the children will react in some way--many of them openly--to the special child. Use these reactions as opportunities to to find out what sorts of things the children are thinking about and to answer questions they may have.

Working with Parents

Dr. Klein emphasizes the importance of providing encouragement and support to parents of handicapped children, pointing out that these parents have some special problems of their own which people who work with their children ought to be aware of.

For instance, mothers usually learn a great deal about what's normal for children from casual conversations with other mothers. But a mother can't compare notes with her neighbors on children's general growth and development if her child is blind and there are no other blind children nearby. The mother may be wondering why her daughter isn't walking: Because she is blind? Because she is just a late walker? Because she has an additional handicap? If her autistic child isn't toilet-trained yet, the mother may not know whether it is because she is not training him the right way or whether something else is wrong.

Another problem for these parents is that often their handicapped child can not communicate well. When their child doesn't talk at all, or cannot be understood, they have difficulty knowing how to react.

"Encourage parents to come into the classroom," Dr. Klein advises. "You can often pick up many ideas and insights from a mother on what her child needs or why he behaves the way he does. In addition, the mother will be able to understand better what sorts of things you are doing with her child, and learn that her child can function as part of a group much of the time despite some limitations.

Group discussion meetings arranged for these parents can provide a forum during which they can learn to deal with their own feelings and talk to other parents who have experienced some of the same sort of problems in dealing with attitudes of neighbors and neighbors' children, babysitters, and older children in the family.

If handicapped children are to have the greatest possible opportunities for continued growth and development, it is important for parents and teachers to communicate and support each other. Together they may be able to provide the experiences which realistically take into consideration the children's limitations but encourage them to reach out toward their fullest capacities.

KNOWING THE CHILD

WITH

SPECIAL NEEDS

Fred Jay Krieg
Ann Bardwell
La Delle Olion

CHAPTER ONE

UNDERSTANDING THE CHILD

WITH SPECIAL NEEDS

All children develop and grow at a different pace. Some children require special help to achieve their full potential. These children may have special needs but they need not be segregated. There is a definite trend in education today toward integrating children with special needs into regular day care, preschool, and elementary school classrooms.

This trend reflects several important characteristics we know about children with handicaps.

Although all children go through the same stages of development in the same sequence, it is important to recognize that the stage of growth of any child is different from that of any other child even at the same age. The concept that one child may be significantly different from another child is called inter-individual differences.

Classifying and grouping of children for instructional purposes is based on inter-individual differences. Yet, it is important to understand that each child has needs unique only to him.

A major thrust in educational planning for children has been to organize instructional programs for a particular child based on his own abilities and disabilities, without regard to how he compares with other children.

Comparing the child's abilities and disabilities within himself is called intra-individual differences.

It is important to look at the total child. Often in labeling a child, "a child with a special need," we place emphasis on one area of his development and ignore other aspects.

Development may be divided in areas such as physical, intellectual, emotional, and other areas as a matter of convenience; however, development is occuring at the same time in all the different areas. It is important that educational programming be more concerned with the total child than with any specific aspect of development.

The primer is about children who have received a variety of labels. Labels are a convenient way to group children, even though varying in types and degrees of handicaps. Labels ignore the differences among the children in order to enable teacher, parents, and others to describe the child more easily. Labels do not necessarily help you help the child.

A child with a handicapping condition is first of all a child with feelings, interests and attitudes just like you and I. The handicapping problem is just one aspect of that child's total picture of strengths and weaknesses.

Often a child with a handicapping condition has a problem simply because he is a child. The problem is not being caused by the disability. The problem may be a problem frequently found with children who have experienced normal growth and development.

Much can be done to help the child with special needs. A number of studies by different researchers have demonstrated that early intervention can prevent or limit the degree of handicap of a child with special needs.

The integrating of children with special needs into the regular classroom setting is a significant step in the helping process.

Teachers and parents will see that the child with a handicap is more <u>like</u> than <u>unlike</u> his "normal" classmates. Children with handicaps are not "funny looking kids."

Assistance for the regular classroom teacher in the form of teacher in-service training, and support staff, such as psychologists, speech therapists, special educators and other related professionals will provide needed back-up support for classroom teachers in difficult situations.

Teachers and parents facing the challenge of integrating their classrooms are often afraid that the child with a special need presents too many problems for them to handle. They are unsure about having the capabilities to help the child with special needs. They often resent having to make special efforts to help these children when they have so many other things that require their attention. Often they feel rejection toward a child who may look or act differently than the other children in their rooms.

Yet, contrary to the fears of some parents and educators, the presence of children with handicaps in the regular classroom serves to increase the quality of the progrm by improving the learning environment for all children. Students learn an attitude of openness and acceptance. The use of individualized programs improves instruction for all children.

Through educational programs, stimulation, and training, most children with special needs as well as those children previously enrolled, can attain their maximum potential and live a productive life that fits their pace, needs and abilities. Parent programs can also play a significant role in helping parents to better work with their child in the home environment to achieve this goals.

The integrated classroom can prove beneficial to all children.

CHAPTER TWO

WHO ARE CHILDREN

WITH SPECIAL NEEDS

A child with a special need may be a child who differs from the "average" or "normal" child in:

1. mental characteristics
2. sensory abilities
3. neuromuscular or physical characteristics
4. social and emotional behavior
5. communication abilities

or a combination of the above abilities and characteristics to the extent that he requires a modification of school practices and services in order to develop to his maximum potential.

Education for the child with special needs is not entirely different from education for "normal" children but certain modifications or additions to the regular program may be required. A child is considered a child with a special need only when it is necessary to change the regular educational program to meet his needs.

In 1968, approximately 10% of children in the United States from 0 to 19 years of age required special educational programming. Approximately 60% of those children were not enrolled in such programs. An increased emphasis on working with children with special needs is doing much to change those statistics.

The Child With Low Intelligence

The term "mentally retarded" usually refers to the child who is limited in his ability to learn and often behaves like a child much younger than himself. Mental retardation is defined as sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

In other words, mental retardation is impaired mental development beginning before or during birth or in a person's growth and development stages which makes social adjustment difficult for him.

There are many causes of mental retardation:

1. genetic
2. injury to the unborn child
3. complications during birth
4. poisons
5. brain damage
6. diseases of the nervous system
7. environmental deprivation

Environmental deprivation is said to account for 80% of the children with low intelligence. Environmental deprivation refers to the failure of the people and events that surround the child (his environment) to meet that child's basic physical, emotional, and social needs. The child appears to lose his desire to grow and learn; thus retarding his development.

Not all children with low intelligence are the same. Over 85% of children with low intelligence can attain self-sufficiency as adults. Only about one and a half percent of children with low intelligence are profoundly disabled and require special training to obtain basic self-help skills, such as feeding or dressing.

With this limitation in mind some common characteristics associated with children with low intelligence might be:

1. inability to follow directions that contain more than one or two steps.
2. lack of self-direction in play.
3. tendency to imitate rather than create.
4. inability to understand things they are not directly involved with at the time.
5. difficulty in paying attention.
6. inability to apply what they have learned in one situation to any other situation (lack of generalization).
7. difficulty finding differences and similarities in objects or events.
8. slower than most children in such other developmental areas as walking, talking, toilet training, etc.
9. delayed in motor coordination.
10. unable to learn material without instruction.

Children with low intelligence have been classified for educational purposes as:

1. slow learners (I.Q. 80-90)
2. educable mentally retarded (I.Q. 50-79)
3. trainable mentally retarded (I.Q. 30-50)
4. totally dependent (I.Q. below 30-25)

Children classified as slow learners and educable mentally retarded are not usually recognized as delayed in intellectually functioning at the preschool level.

There is no sure way to find out how delayed any particular child is. The best way to see what a child can do is to let him try. When you know what he can do, then you can help him to the next step.

Children with low intelligence can benefit from normal school program if the teachers are aware that they need some special help.

The goals of the program for the children with low intelligence includes:

1. developing self-care and self-help skills.
2. social competence - ability to get along with his classmates.
3. person adequacy - ability to feel good about himself.

Children with low intelligence might need special materials necessary to improvise, adapt and adjust instructions to their rate of learning. Step-by-step teaching is essential as is matching the level of the task to the level of the child. Sudden changes in activities should be avoided. Using a multi-sensory approach which stresses repetition helps the child learn more easily. All children learn better when they feel they are successful. Reinforcing good work should build the child's confidence and improve his learning skills.

The Child With Motor Disabilities

The child with motor disabilities or a neurological impairment is a child with a lack of complete development or injury to the central nervous system.

These children may have:

1. cerebral palsy
2. epilepsy
3. spina bifida
4. brain injury
5. orthopedic handicaps

Children with cerebral palsy make up the largest group of children with a physical disability. Cerebral palsy is a motor disability caused by damage to the brain. "Cerebral" refers to the brain, and "palsy" to lack of control over the muscles.

Types of cerebral palsy includes:

1. spastic - causing stiff and difficult movement.
2. athetoid - causing involuntary and uncontrolled movements.
3. ataxic - causing balance and depth perception problems.

Despite the apparent severity of the term brain damage, all motor disabilities, including cerebral palsy, can range from slight to very severe. Some children may appear just slightly more clumsy than other children, whereas, some children have great difficulty learning such tasks as crawling, walking, reaching, chewing or even moving their mouths and tongues for speech. Regardless of the extent of the disability, children with motor handicaps can still greatly benefit from a program in a normal school setting.

Causes of injury to the brain, nerves, or muscles of the central nervous system can be differentiated into three groups depending upon when the damage occurs.

1. Damage before birth
   a. accidents
   b. diseases to the mother
   c. hereditary
   d. drugs used by the mother
   e. malnutrition of the mother

2. Damage during birth
   a. insufficient oxygen reaching the infant's brain (most frequent cause of cerebral palsy)
   b. head injury

3. Damage after birth
   a. high fevers
   b. disease
   c. stroke
   d. convulsion
   e. accidents
   f. burns
   g. abuse

The child with a physical disability may need some guidance in adjusting to his handicap and finding ways to compensate. When a child is participating in an activity that he is unable to perform, find other activities for him to do. Give the child the chance to discover for himself what he can and cannot do. Attempt to adapt toys for him if possible. For example, writing equipment can be made larger by wrapping crayons and brushes with layers of tape. Pencils can be pushed through rubber balls so that the child can hold the ball to write. Large size chalk is available for the child to use for blackboard work.

Selecting the appropriate toy for play can be very helpful. The child with poor balance can benefit from having something to push while he walks. If one hand is stronger than the other, direct him to activities that require the use of both hands.

Minor modifications can make a tremendous difference.

The Child With Neurological Impairments

Children with other neurological impairments usually require no special educational programming by the classroom teacher. Knowledge of the condition is helpful as is knowledge of what to do if a medical emergency occurs in the classroom. For the purpose of being complete, the neurological conditions will be defined below:

Epilepsy

When a child has a tendency to have seizures, he is said to have epilepsy. Epilepsy is Greek for seizure. A seizure occurs when a group of brain cells becomes overactive and the well-ordered cooperation within the brain breaks down.

Epilepsy is the most common of all known neurological disorders. The majority of children with epilepsy are normal, healthy persons with average intelligence. The only way they differ from others is in the tendency to have seizures:

1. grand mal - a series of contractions and relaxations of the muscles which usually lasts 2 to 3 minutes. (If a child experiences a grand mal seizure the teacher should remain calm, ease the child to the floor, remove all furniture from the area to prevent injury to the child, allow the child to rest following the seizure, notify a nurse so the physician or parents may be informed, and when the child is out of the room explain to the other children what has happened).

2. Petit mal - involves a momentary loss of consciousness and is observed as a nod of the head, blinking of the eyes, vacant stare or loss of grasp and/or dropping object--it is common in younger children and disappears as the child becomes an adult.

3. Jacksonian - a type of focal seizure usually starting with jerking movements in the foot, hand or one side of the face and progressing until it involves an entire side of the body. It is rarely observed in children.

Spina Bifida

Spina bifida is the most common defect causing disability in infancy and childhood.

It is a congenital condition in which body elements of the spine have not made a complete closure, leaving an opening in the neural tube.

Spina bifida is frequently accompanied by hydrocephalus which is an increase of cerebra-spinal fluid in the cranial cavity causing pressure and enlargement of the size of the head.

Minimal Cerebral Dysfunction

Minimal cerebral dysfunction is a term used for children with difficulty in learning, in which neurologists are unable to find definitive neurological signs of damage. Sometimes these children are referred to as learning disabled.

Orthopedically Handicapped

A child with an orthopedic disability is one who has had a crippling impairment which interferes with the normal functions of the bones, joints, or muscles. This category includes children born with handicaps and those who acquire a crippling condition later in life.

Children with neurological impairment when grouped as a whole may show greater tendency toward a personalized, introspective view of life. They are often very concerned about their disability and often need guidance and encouragement. There may be need on the part of the teacher to encourage participation for these children. Some adaptions of the physical environment may be necessary to facilitate that participation.

The Child With Visual Impairments

Few children with visual impairments are totally blind. Categories of visual handicaps for educational purposes are:

1. Visual defects which can be corrected through medical treatment or optical aids. (These children are not regarded as handicapped.)

2. Vision quite defective even after correction but yet still able to read print. This type of problem is referred to as visually impaired.

3. Blindness which requires instruction primarily through other senses. The degree of impairment sometimes depends on more than the eye itself. It may be related to the processing of information through the brain. This type of problem is usually referred to as a binocular coordination problem or a visual perception problem.

Visual impairment may be caused by injury to the unborn child, disease or may occur through accident such as by sharp objects or falls (75% of all eye injuries occur in this manner).

Although the eye chart misses 60% of vision problems, keen observation by the classroom teacher can detect many children with possible eye defects. Some signs of eye problems would include:

A. Appearance

1. crossed eyes
2. red-rimmed, encrusted, or swollen eyelids
3. inflamed or watery eyes
4. recurring styes

B. Behavior

1. rubs eyes
2. shuts or covers one eye, tilts head, thrusts head forward
3. difficulty reading, or work requiring close use of eyes
4. blinks more - irritable when doing close work
5. stumbles over small objects
6. holds book close to eyes
7. unable to see distant things clearly
8. squints eyelids together or frowns

C. Complaints

1. eyes itch, burn, or feel scratchy
2. cannot see well
3. dizziness
4. headaches
5. nausea
6. blurred or double vision

Intelligence and educational achievement of children with visual impairments do not deviate substantially from that of the seeing child. There is little difference between the educational content for normal children and that for children with visual impairment.

Children with visual impairments go through the same stages of physical development as other children but perhaps at a slower rate. Visual problems can slow down language development. The classroom teacher can minimize this delay by giving the child the opportunity to use other senses in finding out about his surroundings. Children with visual impairments gain more information through the senses of touch and hearing. Touching objects should precede talking about them. The teacher should talk to the child about feelings, situations, and events to prevent the child with visual impairments from failing to gain these concepts

The child should be encouraged to explore his world through sound, texture, and experience. The lack of being able to see what is happending leads to feelings of insecurity in the child with visual impairments. The child needs consistent surroundings. If changes in the classroom are made, tell him about them. In making the child with a visual impairment comfortable in the classroom, it is often helpful if different textured rugs are used in different areas, sound chimes are placed in different areas, and if his cubby hole is the first or last in the row.

The major change in the curriculum for children with visual impairments is to add specific training for the utilization of his residual vision, that is, the vision the child has remaining. The teacher should encourage use of that vision. It is a myth that close work or use of the remaining vision hurts the child's eyes.

Lately, it is important for the teacher to have accurate information about the visual condition of such a child so that proper programming can be devised.

The Child With Hearing Impairments

Much of what was said about the child with visual impairments is true of the child with a hearing impairment.

Categories of hearing impairments include:

1. The child who is deaf who requires instruction primarily through other senses. There are two distinct types of deafness:

   a. congenitally deaf - deaf since birth
   b. adventitiously deaf - born with normal hearing but loss of hearing occurred later in life through illness or accident

2. The child with a hearing impairment is a child in which the sense of hearing, although defective, is functional with or without a hearing aid.

Essentially, there are two kinds of hearing loss. A conductive hearing loss in which a reduction in the intensity of the sound reaching the inner ear occurs preventing the hearing process from starting. The second type of loss is a neural or a perceptual hearing loss. In this case, there is a defect in the auditory nerve transmitting the impulse to the brain.

Children who are deaf were traditionally educated in special classes or schools. It was believed that children with hearing impairments were usually two to five years delayed in educational subjects. Today, we know that this

delay is not necessary. Integrating children with hearing impairments into regular school programs is a way to limit the amount of delay children with hearing impairments will experience.

Given the aid of a hearing device, auditory training, and/or speech training, a child with a hearing impairment can function well in the normal classroom. The degree of progress is related to the degree of hearing loss, age of onset, and intelligence of the child. Most notable delays are in the development of speech and language.

The Child with Learning Disabilities

The child with learning disabilities is a child with adequate abilities in intelligence, motor ability, vision, hearing, and emotional adjustment, but still shows evidence of deficiency in spoken and written language, including disorders in perception, listening, thinking, talking, reading, writing, spelling, or arithmetic. His disability may or may not have a specific reference to central nervous system dysfunction.

Children with learning disabilities do not appear able to learn in the usual ways. They are quite capable of learning but special techniques must be employed to assist them.

Characteristics of children with learning disabilities include:

1. general clumsiness or awkwardness
2. inability to follow directions
3. short attention span
4. distractability
5. hyperactivity
6. preserveration
7. marked motor disinhibition
8. distorted self-image
9. confusion in laterality
10. reversal problems
11. poor copying ability
12. inability to match shapes and colors
13. poor figure-ground discrimination
14. poor ocular motility and ocular control
15. poor fine motor control
16. poor gross motor control
17. poor rhythm and tapping skills
18. poor sequential memory
19. excellent memory in one modality but not in other modalities
20. immature expressive language

Helping the child with learning disabilities requires a carefully performed diagnosis and prescriptive program. However, the following suggestions may prove helpful for general use by the preschool teacher.

1. use a multi-sensory approach
2. use the child's abilities, that is, teach through his strengths to his weaknesses
3. use step-by-step learning
4. give directions in small steps
5. reduce distractions
6. build confidence in all the tasks he performs

The Child With Language Disabilities

The ability to communicate is essential to a child's development. There are a variety of speech and language disorders. Speech is considered defective when its deviation from normal draws unfavorable attention to the speaker. Speech defects may take many forms ranging from complete inability to speak to minor articulation defects. Speech defects may be the result of organic factors such as hearing losses, cleft palate, and cerebral dysfunction or the cause could be emotional or environmental. Speech defects are often associated with other handicapping conditions.

Speech and language problems are classified into two types. The receptive problem is one in which the child does not receive correct information about sounds and language. An expressive problem is one in which the child cannot give information properly. Examples of expressive problems are:

1. Aphasia-inability to speak
2. poor formulation - inability to use and organize speech
3. poor articulation - inability to produce language sounds
4. poor vocabulary - knowing and using a limited number of words
5. poor syntax - confused word order or non-use of certain parts of speech
6. fluency problems - disconnected speech, such as stuttering

A classroom teacher can detect signs of possible language problems in preschool children. Some signs might be:

1. the child not talking by the age of two
2. the child does not use two and three word sentences by the age of three
3. after age three, the child's speech is still difficult to understand
4. the child omits either beginning sounds or ends of words
5. the child is embarrassed by his speech
6. the volume of the speech is inappropriate - either too loud or too soft

The earlier some speech defects are detected, the easier the remediation will be. Some speech difficulties are not easily corrected. Children with serious speech and language problems should receive professional attention as soon as possible.

The best thing a preschool teacher can do for the child with a language difficulty is to provide him with as many normal language experiences as possible. A good model is essential to good language development.

The Child With Emotional and Behavioral Disabilities

All children have some emotional problems from time to time. And, "no child's behavior is perfect" is probably a true statement. All children need some help in dealing with their feelings and abilities to cope in the school setting. Preschool is the first time most children are in a group setting. All children need some help in handling this new experience.

Emotional and behavioral disorders are present only when the behavior deviates from age-appropriate behavior and significantly interferes with either the child's own growth and development and/or the lives of the other children in the class.

Three types of behavioral disorders can be identified easily:

1. unsocialized aggressive child -- defies all authority figures, cruel, malicious, and assaultive, and has inadequate guilt feelings.

2. socialized aggressive child -- same characteristics as the unsocialized except he is socialized within his peer group.

3. overinhibited child -- shy, timid, withdrawn, seclusive, sensitive and submissive.

There are a variety of strategies available to work with the child with an emotional and/or behavioral problem. Psychotherapy, behavior modification, psychoeducational approach (concerned with what the child does and why he does it), are just examples of a few.

If the problem is a severe emotional disturbance or behavioral problem, it may be best to call a professional who can help provide exact ideas in working with a child's specific problem.

The classroom teacher should be concerned with understanding how the child expresses his feelings. When is the child asking for help, security or reassurance? Proper handling of feelings is one of the most difficult but most important activities of the preschool teacher. A very important rule to remember is to be honest. Nothing ruins a child's trust more easily than knowing he has been deceived. Children learn the behaviors they see and experience.

CHAPTER THREE

SCREENING AND ASSESSMENT OF THE CHILD WITH SPECIAL NEEDS

Early identification of children with special needs is essential for successful management. It is now almost universally accepted that the earliest possible diagnosis and treatment are essential in order to prevent or at least minimize, the handicapping effects of a disability and to make the most of the assets a child possesses.

Because of the increased emphasis on early diagnosis and intervention, and because large segments of the population do not receive any routine medical care after infancy, there is a need to initially screen large numbers of preschool children for possible developmental delay. Previously, identification of children with special needs was made during the first three years of school. Identification at school age is too late. As knowledge of children with special needs and remedial training progresses, the age at which remediation is given is continually being lowered. Preschool programs are in a unique and strategic position to detect and refer children with special needs that otherwise might go undetected until school age.

Although development cannot be measured in pounds or inches, it can be measured in a similar fashion. The stages and levels of development for each age bracket have been established over the years. The identification of "normal" stages of development has resulted in development schedules which enable prediction of the children with special needs. The inter-individual comparison in no way is meant to minimize the uniqueness of each and every child. Each child has his unique skills and his unique level of development. The intent is to determine at what level along the developmental sequence a particular child is functioning and to determine whether or not he needs special attention to accelerate his growth and development.

Recently, a number of screening techniques have been developed and popularized. It is not the intent of this chapter to review each of these screening instruments. The intent is to describe the process of screening and to provide background information essential to the understanding and implementation of a screening program.

There is a distinct difference between screening and assessment. Screening instruments are relatively short, of a surface nature, and indicate the possibility of a variance in development. Assessment instruments are more lengthy, of an in-depth nature, and analyze the problem and make differentiations and interpretations. Assessment instruments are traditionally used by trained clinicians only.

Treatment plans are developed based on assessments not on screening results. This point cannot be over-emphasized.

All instruments used to examine and compare the behavior of children should meet these criteria:

1. reliability - the ability to obtain the same results when used by different people.
2. validity - the ability to obtain approximately the same scores when given at different times.
3. standardized - the population from which the test norms are derived should be representative of the type of child being tested with the instrument.

A good screening instrument should also include the following attributes:

1. simple to administer
2. minimum of testing equipment
3. be specific to a particular handicapping condition or if the general screening type is being used it should include a wide variety of developmental functions.
4. it should be sensitive (sensitivity is defined as the accuracy of a screening instrument in corrently identifying all of the subjects with that particular handicap.)
5. proficient use of the instrument can be learned with a minimum of training without prior clinical experience.
6. it should be capable of pass-fail interpretation in one screening procedure.

The intent of a screening instrument is to be a fast, efficient method which allows the user to review a large number of children for possible detection of a particular handicap or series of handicaps. Frequently, parent questionnaires are coupled with the screening instrument to aid in this detection process.

Experience with parents has shown that they are exceptionally good observers of their own children, particularly if that child is not the oldest child or an only child. Parents seem to have little difficulty in sharing their observations when the questions directed to them deal with the child's usual daily activities. On the other hand, questions regarding interpretation of observations or which deal with activities not in the usual daily living experience bring unreliable responses. For example, there is limited value in asking parents about their child's ability to repeat random digits or manipulate standardized sized blocks; but, ask a parent about whether or not their child performs certain self-help skills, rides a tricycle, prints his name, or performs other age-related skills and the parents' responses are extremely reliable.

The combination of a good parent questionnaire and a sensitive screening instrument should result in an effective screening program. There are two key questions that should be addressed prior to commencing any screening program. The first is the selection of a handicap or series of handicaps (for general screenings) to screen for and the second is which of the many instruments available to detect that handicap will, in this situation, best meet the particular needs of the screening program. The goal is to look more critically at what we are trying to accomplish in the screening program.

In selecting the handicap or series of handicaps for which to screen, choose a handicap for which effective assessment and remediation are possible for the age child you are screening. Do not screen for a handicap after it's too late for treatment. If you can't treat the condition with expected improvement, then it makes little sense to screen for it.

The prevalence of a condition is another important factor in the selection of a condition to screen for. Consider the prevalence in terms of the age of the child, racicethnic factors, socio-economic factors, and the definition of the handicap. The prevalence of a handicap will be determined by how that handicap is defined. Selection of the cut-off point for the pass-fail criteria of a screening test is critical in the success of a screening program.

It is not wise to screen for a condition with a very high prevalence. Instead, make arrangements to provide assessment for all children for that particular handicap. Screening costs time and money. Screen only when it is the most efficient way to detect a problem and arrange for follow-up.

Since screening is only the initial part of the more extensive process of identification, assessment and remediation, coordination between the screening program and the follow-up evaluation and treatment are essential. Persons responsible for follow-up should have a voice in determining the methods of screening and referral may not see the child because of the lack of acceptance of the screening procedure.

Consistent with the goal of an effective screening program, the program will only be successful if the children who are detected receive the necessary assessment and treatment. The program must determine:

1. Have all children been screened?
2. Have all children suspected of having a problem been referred?
3. Have you referred someone who has already been evaluated for that handicap?

4. Have all children with suspected problems received follow-up attention?
5. Have all children requiring treatment received the indicated treatment?

Lastly, screening is only screening. Parents need to be informed that results of a screening test do not constitute a diagnosis. The results of a screening test do not indicate that the child has that particular handicap. Parents should be informed of the importance of the referral being made so that they will take their child for assessment and treatment. Ultimately, the success of a screening program rests in the hands of the parents, who will take their child past the initial detection stage.

A parent who understands the purpose and methods of the screening procedure is more likely to cooperate with your efforts.

CHAPTER FOUR

INTEGRATING CHILDREN WITH SPECIAL NEEDS

INTO THE NORMAL PRE-SCHOOL CLASS

A general program for preschool is designed to promote healthy growth and development in each child: to develop motor abilities; to develop language and speech; to develop visual and auditory perception, discrimination, memory and other factors involved in maximizing intellectual capacity; to develop social and emotional adequacy in the child at home and school by providing him with opportunities for acquiring emotional security, belongingness, and independence.

The above mentioned goals are also held for children with special needs, for after all, they too, are children. To these goals, the additional goals of remediation or amelioration of the disability and the development of the child to the point where he can participate in the public school system must be added.

The integrating of the child with special needs into the regular pre-school setting is a significant step in helping both normal children and children with handicaps achieve these goals.

In a pre-school program that has both normal and special children together, the children with special needs become part of the everyday world of all children. Children learn that each has different needs and abilities, and each learns to accept his own limitations. The overall effect is to build confidence in all children.

Certainly children with handicaps have some special needs, but they have many more needs that are common to all children.

Any successful classroom program for "normal" children can be a successful program for children with handicaps.

Educational principles stress the importance of individualized instruction. Individualizing strategies for children with special needs is no different than for "normal" children. Selections of a suitable task followed by a meaningful reward for accomplishing that task is essential to effective teaching.

A carefully defined approach with a strong theoretical emphasis (regardless of what that emphasis is) will maintain a degree of structure in

the classroom as will a mode of operation which includes:

1. daily allotments of time for continuous in-service training
2. daily planning
3. a high adult-child ratio (1 to 5)
4. supervision of the staff

The curriculum for the children should attend to individual needs and foster the development of:

1. cognitive language
2. motivation to learn
3. self-concept
4. social skills
5. motor skills
6. information processing (awareness of the world around them)

If you want to teach a child a particular skill, a deliberate effort has to be made to teach it to him. Assess the child's level of functioning at that skill. Next, plan a program including home activities which will enable him to learn that skill. Write the program in a step-by-step approach. Be careful to anticipate implications of the program peripheral to the main task. Re-evaluate the child frequently and modify the program based on your re-evaluations. Essentially, it really does not make much difference which curriculum model you choose. It is the application of the curriculum that makes the difference. Proper prior planning and flexibility in adjusting that plan, applied in a methodical manner will lend to effective teaching of any child, handicapped or otherwise.

Specific suggestions for working with children with special needs were offered in a recent article by Dr. Jenny Klein, Director of Educational Services for the Office of Child Development.

1. Learn as much as you can about the specific handicaps of the child or children who will be in your care.
2. Make the most of the resources in your area.
3. Arrange to talk to the parents of the handicapped at a prearranged time--not in front of the child.
4. Before the special child comes into the class on a regular basis, ask his mother to bring him into the classroom after school some day.
5. Know what comes within the range of normal behavior for the age group you work with (it may be wider than you think).

6. Phase the child in slowly.
7. Don't make a big production of telling the other children that a handicapped child will be joining the group.
8. Keep your expectations positive, but realistic. Avoid the two extremes of asking for too much or too little.
9. Capitalize on the special child's strong points.
10. Try to help the handicapped child gradually learn to follow more of the rules as he shows that he is ready.
11. Know your own level of frustration.
12. Be honest in dealing with questions children ask.
13. Be alert for any child in the group who seems to be cruel or overprotective.

At this point, it might be helpful to recall the information presented in Chapter One, "Understanding the Child with Special Needs." Children with special needs are first of all children. They have feelings, interests and attitudes just like you and me. The teacher's attitude toward the child with special needs will be modeled by the other students. If a teacher babies or avoids a special child, so will the other children. The teacher's attitude should be warm, positive, and accepting; this includes answering questions honestly and being encouraging. If these attitudes are evident, the other children will easily pick them up. Successful integration of children with special needs into the regular pre-school program is largely a matter of attitude and your normal good teaching program.

A mother of a child with a special need cannot compare notes with her neighbor and frequently does not know other parents of a child with a problem similar to her own. Information about growth and development for children with handicaps is not readily available. The mother of a child with a handicap needs that information so that her present problems are not confounded by fears of the unknown. She needs an opportunity to share her feelings and concerns with other parents of children with special needs. Mothers of children with handicaps need to know their problems are not all that unique.

Involvement in a preschool program with other parents and children with special needs should help parents understand that their child is a child with problems like all children. They will become aware that other parents have similar anxieties and guilt feelings. Activities should be designed to encourage active and varied parent participation to achieve these goals.

Parent participation may take a variety of forms. Parents may participate in the planning for the integration of children with handicaps. Parents may be involved in correspondence courses, in demonstration or training programs. They may receive group or individual counseling. Group discussion meetings arranged for parents of children with special needs can provide a forum during which they can learn to deal with their own feelings and talk to other parents who have experienced some of the same sort of problems.

Parents can help organize and run a screening program for identifying other children with special needs. This function is sorely needed by many preschool programs.

Parents may learn to carry out educational and remedial activities, make home visits, and in some instances may become the classroom teacher. There are many advantages to encouraging parents to participate in the classroom. Teachers may gain ideas and insights from the mother of a child with special needs. Often, these mothers have developed techniques which may prove beneficial for other children in the classroom. In addition, the mother will be able to learn that her child can function as a part of a group much of the time despite some limitations. Again, stressing that a child with a handicap is first of all a child.

If children with special needs are to have the greatest possible opportunities for continued growth and development, it is important for parents and teachers to communicate and support each other. Together, they may be able to provide the experiences which realistically take into consideration the child's limitations, but also encourage him to reach out toward attaining his maximum potential.

SECTION II

Parent Involvement

PARENTS CAN TEACH, TOO

Ernestine W. Rainey
Mississippi State University

Preschool and Early Education Project
For Children with Developmental Problems

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Appreciation is expressed to Starkville Public Schools for providing, in addition to four classrooms and administrative supervision, space for weekly in-service meetings with parents and space for regularly scheduled Parent Organization meetings.

Ernestine W. Rainey, Director
Mississippi State University
Preschool and Early Education Project

ESPECIALLY FOR

Mississippi State University
Starkville Public Schools
Preschool and Early Education Project
PARENTS

PARENTS CAN TEACH, TOO

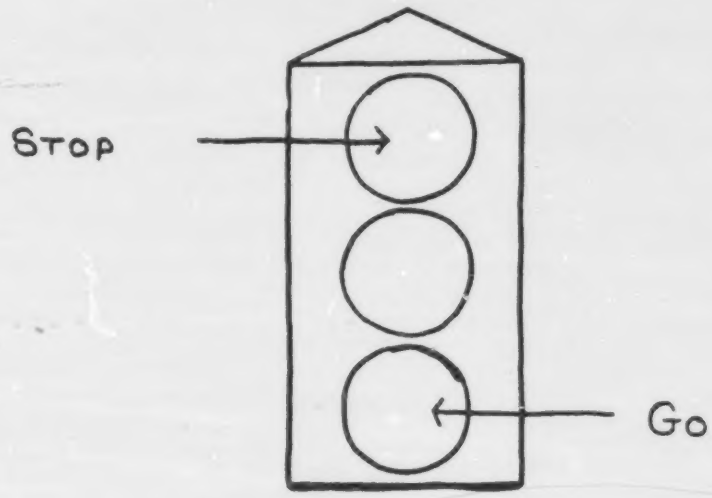
Parents are the child's first and most important teachers. When the child enters school, teaching becomes a cooperative home-school effort. Both parents and teachers should be involved in the educational process to make learning effective.

Parents can do many things at home to help their children use and remember things learned at school. The most important thing parents can do is to help the child learn to talk as early as possible and to give him a chance to talk. TAKE TIME TO TALK TO YOUR CHILD. TAKE TIME TO LISTEN TO YOUR CHILD.

Many children have problems in school because of poor language skills, poor nutrition and health practices, inadequate self concept, and lack of independence. Your child's teacher and his school are interested in your child functioning up to his developmental level in all these areas. The school needs help from the parent to accomplish this goal. This brochure is written for you. It contains suggestions and ideas for parents to follow in reinforcing preschool and early education programs in the home.

I. SAFETY

1. Insist that your child go directly from home to school and from school back home in the afternoons unless you know he is going some other place.
2. Teach him to cross streets only at intersections.
3. Take walks with your child and show him how "to stop and go" with the traffic light. If he walks to school, show him the safest, shortest way; if he rides a bus, remind him to follow safety directions given by the driver.
4. Tell your child to never accept a ride with strangers.



II. HEALTH

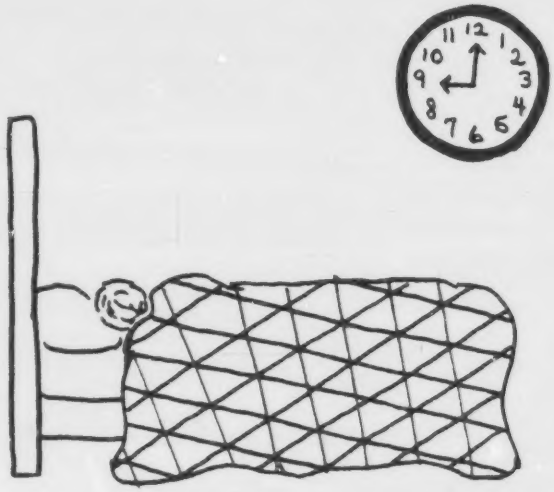
1. Let your child bathe a doll; let him try bathing himself, with you completing the bath if necessary.
2. Show your child how to brush his teeth. Remind him to brush after every meal.
3. Insist, weather permitting, that your child play outside in the open air each afternoon after school.
4. See that your child is in bed by nine o'clock so he will get plenty of rest.
5. Make breakfast for your child before he leaves home in the morning. A hungry child cannot give attention to school activities.
6. Keep your child's clothes clean. Teach him to put on clean underwear and socks each day. Teach him how to clean his shoes. Teach him to hang up his coat and other clothes, so he will come to appreciate order and cleanliness.
7. When you cook a new food or a food your child does not like, put only a small portion on his plate.
8. Call foods by their names. Encourage your child to call foods by name when asking for a serving.

9. Let your child say the blessing at mealtime.

10. Encourage your child to eat all the food on his plate but do not make an issue of this. Give small servings and then give a second serving if your child wants more food.

11. Teach your child to carry a handkerchief or tissues and to keep his running nose wiped.

12. Take your child to the doctor for regular checkups and take him when he is sick. Do not let your child lie around with a fever two or three days before going to the doctor. Some childhood illnesses can leave permanent damage.



III. SELF CONCEPT

1. Show an interest in what your child is doing. Talk to him about the things in which he is interested.

2. Give verbal approval by praising the child and nonverbal approval by smiling, patting, or nodding to the child. Call the child by name, "Tommy, your picture is beautiful. Can I hang it by my bed for tonight so I can enjoy it?"

3. Give the child a choice ONLY when you intend to leave the decision up to him for example: (1) Do you want ice cream or jello? (2) Do you want to lie in the living room and watch TV while you rest or do you want to lie in your bed? (3) Do you want to wear the red shirt or the blue shirt?

4. Redirect what your child is doing, when possible, instead of having him stop. For example, if your child is throwing rocks near a window, don't yell, "Stop throwing rocks!" Help him to find another place where he can throw without danger of breaking a window.

5. Do not compare one child with another. All children are different. Mary may not read as well as her younger sister, but maybe Mary can wash the dishes and straighten the kitchen better.

6. Use a calm, warm, pleasant manner with your child, but be consistent in your discipline. When you say "NO," stick to NO.

7. Teach your child to say "Please" and "Thank you."

8. Teach your child how to be attractive in appearance--to wash dirty hands, comb touseled hair, and button shirts, dresses, and coats properly. Above all, teach your child to be pleasant and to smile. Your child will do what you do. He learns from you. Be pleasant and happy. SMILE!

9. Take your child to the library. Get him a library card. Help him check out books--picture books that he can enjoy or very easy books that he can read.

10. Take your child to story-hour at the library. WATCH HOW PROUD AND HAPPY HE IS AS HE WALKS THROUGH THE DOOR.

11. Take your child to the church of your choice. Let him participate in church socials for his age group. Let him learn to be an important part of a large group.

12. Have FUN with your child and let him know you are having fun. LOVE and ENJOY your child.

13. Tuck your child in bed at night and give him a pleasant "Good night."

14. Make a spot in the home that belongs to the child, a place to keep his things. It may be a table, bookcase, drawer, or cardboard box you and your child have decorated together.

15. Make a bulletin board for your child to display his treasures and work.

16. Teach your child to eat with a spoon and fork at an early age. Let him learn to use a knife, also. The first use of a knife could be buttering toast, then spreading jelly. He can learn to make a peanut butter sandwich. Then when he eats with people other than the family, he will have feelings of confidence in being able to handle his food.

IV. LEARNING TO BE INDEPENDENT

1. Let your child learn to dress himself at an early age.

2. Roll your child's socks down; show him how to pull them over his toe and then roll up to put on.

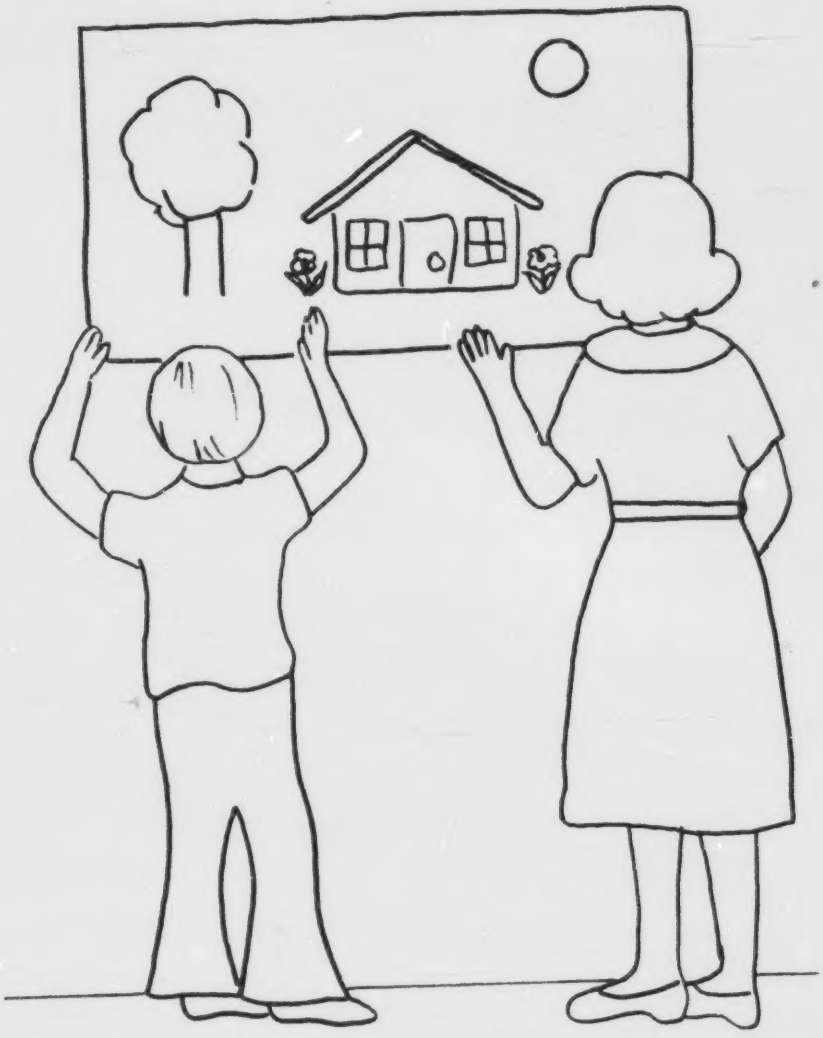
3. Place shoes in front of the proper feet and let your child put them on. Loafers are easier to manage than tie shoes.

4. To put on a slipover shirt, place the shirt on the bed with back side up, then stoop down, run you child's arms up inside shirt, and pull it down over his head and body.

5. Start a zipper and let your child finish zipping. Large buttons and large buttonholes are simpler to manage.

6. Pants and skirts with elastic waists are easy to put on.

7. Give your child small household chores--picking up toys and putting them away, hanging up his clothes, putting his clothes in proper place in drawers after they have been washed and folded, carrying out the garbage, making his bed, washing a few dishes and drying them, etc.



8. Take care of a pet.
9. Plant seeds and water plants as they grow.
10. Keep such things as rock collections orderly. Use an egg carton as container; your child may decorate the carton by pasting pictures on it.
11. Teach your child his name, his parents' names, names of family members--first and last names.
12. Teach your child his address.
13. Let your child stay with a neighbor or relative for short periods of time so he will become accustomed to being away from family members.
14. Teach your child to share with other children and to take turns.
15. Teach your child to take care of his toilet needs and to wash his hands each time he uses the toilet.

V. COLORS

Some of the items in this section are stated as concepts. Teach these to your child.

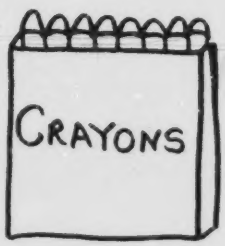
1. The sky is blue.
2. The grass is green.
3. Mary, wear your red dress today. (Use appropriate color.)
4. Make a COLOR BOX. Put in an assortment of different color things. Let your child sort according to color. A child can match colors before he learns color names. All things like this (show a red colored thing) in one pile, etc.
5. Point out colors of common foods and as your child learns color names, let him tell you the color of foods.

An apple is red.
An orange is orange.
Rice is white.
A banana is yellow.
Potatoes are brown.
Turnip greens are green.
Grapes are purple.
Blueberries are blue.

Some grapes are so dark they are almost black.
TEACH THESE COLORS.

6. Buy your child a box of wax crayons, the small box with eight crayons. Buy large size crayons for the small hands of the young child. Give him paper on which to scribble and draw. Newspaper, grocery bags, wallpaper sample books, these he will enjoy just as much as manila or drawing paper. Let him color cows purple! Later he will learn to associate color with object. Always praise his work. Accept the name he labels his drawing.

7. On a rainy day, take old crayons, shave them into small pieces, place the shavings between two pieces of wax paper, place newspaper over this for protection to your iron and press with warm iron. The shavings will melt the crayons and make a pretty color design. LET YOUR CHILD HELP.



VI. SHAPE

1. Using stencils, fill in stencil space with crayons. Tape stencil to paper so it will not slip as child colors. Parents can make shape stencils. Use square and circle with three year old and four year old children. Add rectangle and triangle for five year olds.

2. Find things in the home that are in shape of square, circle, or rectangle, according to the age level of the child. Do not lose patience if your child does not call shape by name or does not readily learn them.

Examples: A pot is like a circle.

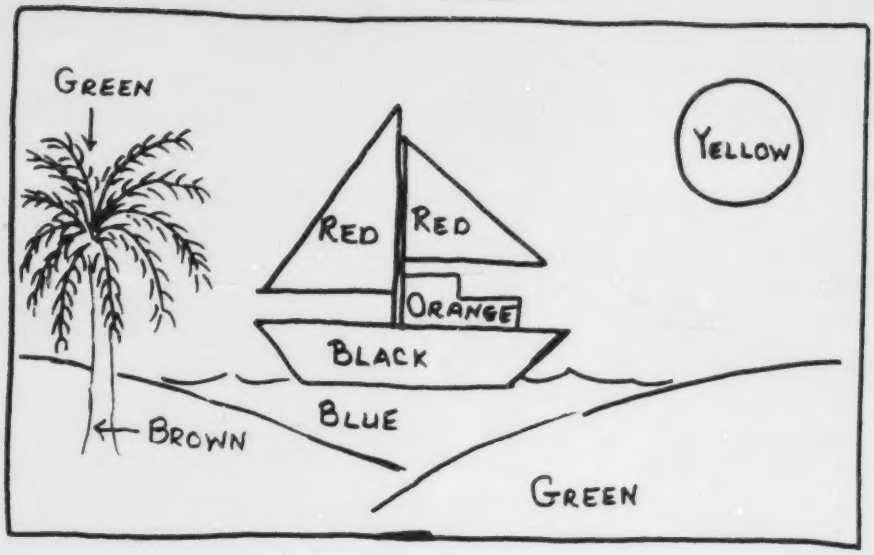
Cake pan is a circle.

Saucer is a circle.

A box is square or is in the shape of a rectangle.

Windows are rectangles.

Clocks are circles, squares or rectangles (depending on the shape of clock in the home).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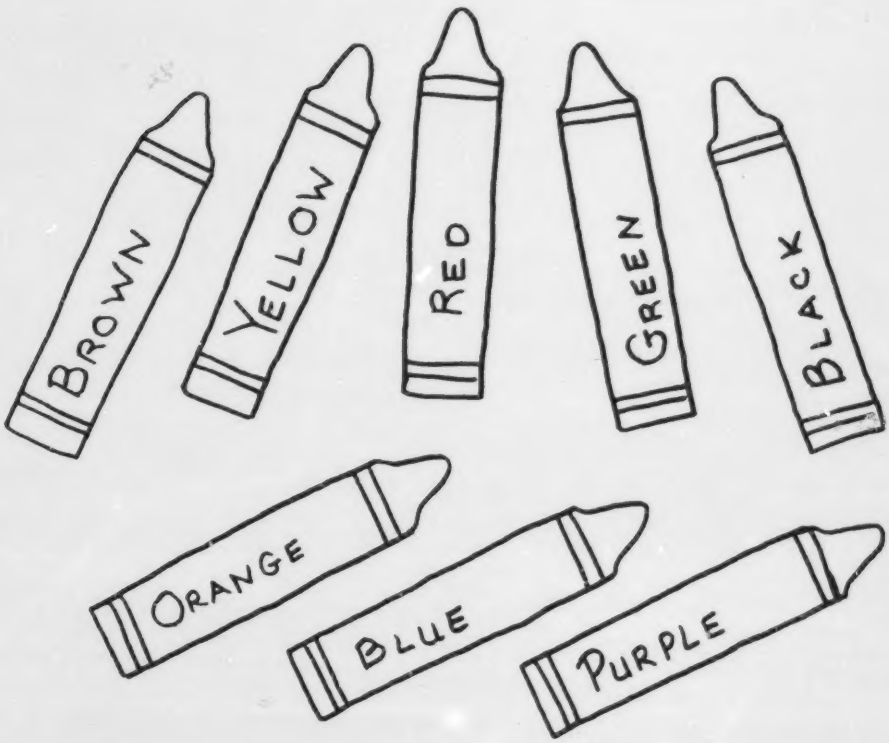
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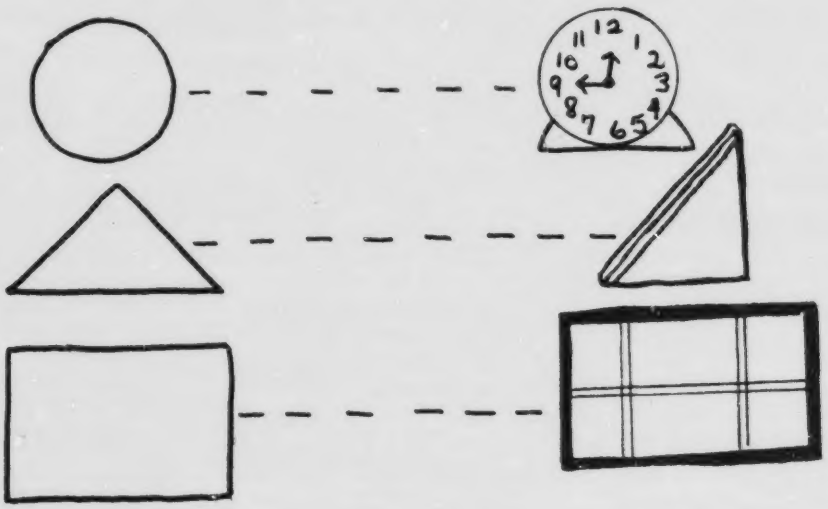
T.V. is square or rectangle.

Cut sandwiches diagonally to make triangles.

Use cookie cutters to cut shapes from slices of bread. Spread shapes with butter and jelly and serve.

3. Let your child match pots and lids when you are cleaning kitchen storage cabinets.
4. Let your child take a small piece of biscuit dough, roll it out, cut it into shapes, and bake it.
5. Give your child assorted shapes of scrap plywood or lumber cut in odd shapes. Let him glue then together, one on top of other, to make a tower of squares, triangles, and various size rectangles.
6. Make cookies. Let child cut with cookie cutter and place on cookie sheet for baking.
7. Give child oil base modeling clay for play so he can make different shapes.

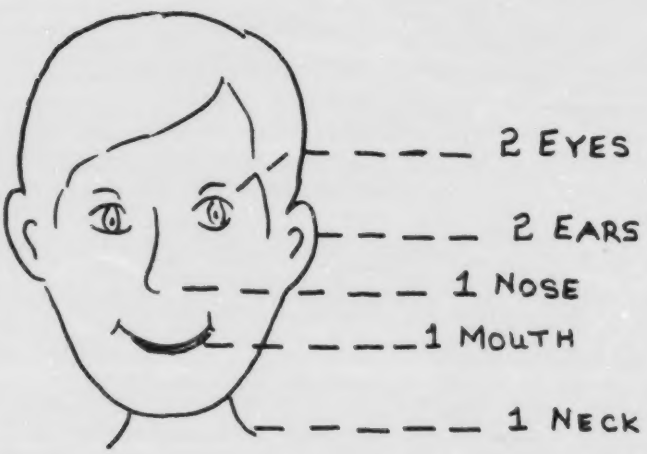


VII. NUMBER CONCEPTS

Teach your child the concepts listed in this section by giving him concrete experiences in using numbers in his early day life.

1. We have one head.
2. We have one nose.
3. We have one mouth.
4. We have one chin.
5. We have one neck.

6. We have two eyes.
7. We have two ears.
8. We have two arms.
9. We have two hands.
10. We wear two gloves.
11. We have two legs.
12. We have two feet.
13. We wear two shoes.
14. Each hand has five fingers.
15. Each foot has five toes.
16. Bring me one dish towel from the drawer.
17. Bring me two eggs from the refrigerator.
18. Cut an apple in half. One half for you, one half for me. Two halves make one whole apple.
19. Count two children in the family.
20. Count all the family members.
21. Count pieces of gum in a pack.
22. Get enough plates so every family member will have one on the table. Do the same for knives, forks, and spoons.
23. Serve lemonade in glasses. Let your child get enough straws so there will be one for each glass.
24. When you are baking, call your child's attention to one cup of sugar, two cups of flour, two eggs, etc.
25. Let your child count objects up to 10 as he progresses to this point.
26. Let him drop marbles in a can and count as they drop.
27. Play with water, measuring out cups and half cups.
28. Your child's teacher can keep you informed concerning the functioning level of child in number concepts so you can reinforce these skills at home.



VIII. LANGUAGE DEVELOPMENT

Language development is an important part of your child's school program. His teacher would like you to take the time to use the method of developing language that she uses in school. Of course, you will not structure a lesson plan as she does but you can use this technique to some degree in your interaction with the child by encouraging him to speak in complete sentences. A partial description of the objectives set for your child appear below.

Objectives

1. To develop an understanding of the words listed in lesson plans and the words used in discussions.
2. To develop an understanding of service words used in making sentences in structured situations.
3. To develop the ability to repeat short sentences after the teacher.
4. To develop the ability to make short sentences under the guidance of teachers.
5. To develop the ability to ennunciate words properly.
6. To develop anticipatory reactions. Example: To anticipate what is going to happen when mother gets her purse, gets car keys, gets basket and starts toward hen house, gets out flour and rolling pin.
7. To develop the ability to participate in meaningful conversation in unstructured situations.

All of the activities listed in subsequent sections involve language development in that parent and child are interacting verbally. Additional activities are listed below:

1. Help your child understand the meaning of words.
2. Read and tell stories to your child (15 minutes a day).
3. Encourage your child to watch Sesame Street every afternoon on T. V.
4. Take your child on short walks and point out things you see.
5. Look at pictures with your child and talk about the pictures.
6. Demonstrate or show your child how things work. Let him "play act" or pantomime. Turn the egg beater; open a can; run the vacuum cleaner; water the lawn.
7. Let your child name real objects or pictures of things in a catalog.
8. Play games with your child and his friends, talking with them and encouraging them to talk among themselves.
9. Sing songs with your child.
10. Encourage your child to feel things, smell things, and taste things. Discuss these things with him.
11. Encourage your child to take to school things he finds on a walk or a trip with the family.
12. Encourage your child to make picture collections--toys, fruits, boats, balls, cars, meats, red things, blue things, for rainy day, cold day, warm day, clothes, etc.
13. Make a game of reading numbers on license plates.
14. Match capital and lowercase letters in the newspaper.
15. Do fingerplays.
16. Give your child simple "follow the dot" coloring books and talk about the objects completed.
17. Pantomime stories.

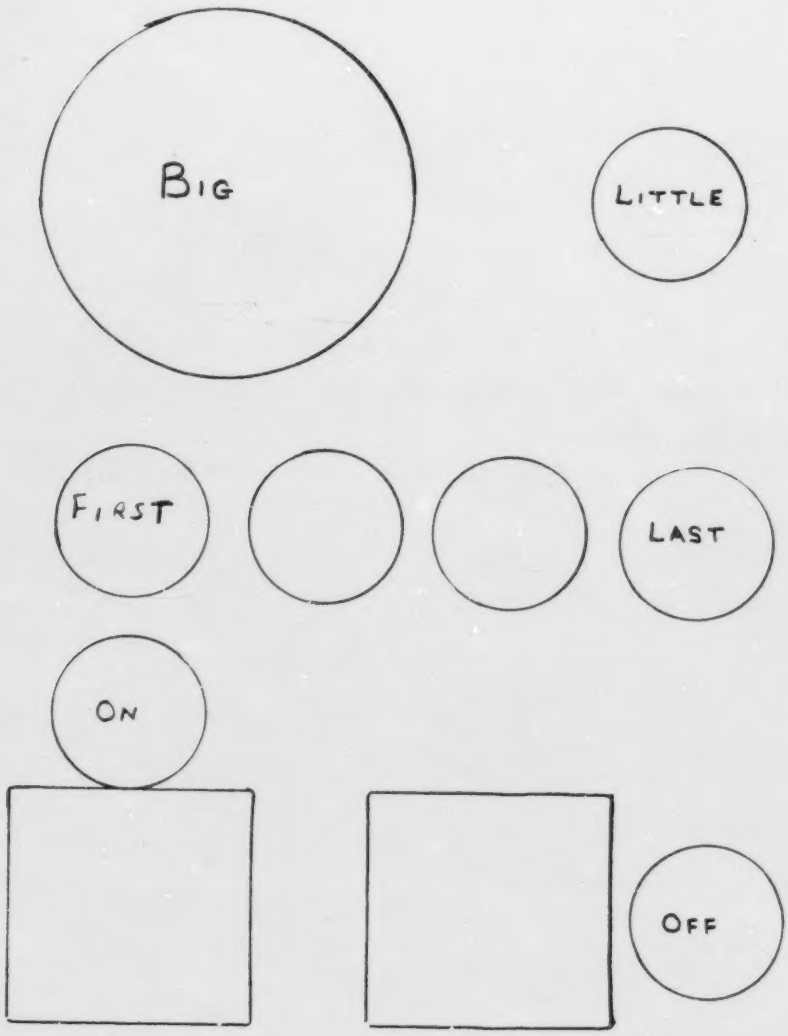
18. When talking with your child, use expressions such as "slow as a turtle" or "as fast as a rabbit" after reading a story about or discussing fact that turtle is slow and rabbit is fast.

19. Call attention to the weather and discuss it with your child.

20. Develop concepts of following words:

big	little	in	out
hot	cold	inside	outside
push	pull	sweet	sour
old	new	high	low
throw	catch	on	off
loud	soft	up	down
first	last	top	bottom
wet	dry		

Later let the child say the opposite of the word mentioned: up-down; big-little; etc.



IX. FUN AT HOME

1. Toy telephone play is useful in teaching your child how to use real telephones.

2. A tunnel for your child can be made by removing the flaps from large cartons or boxes.

3. Old inflated inner tubes can be a lot of fun for children to play with. They can roll it like a hoop, bounce on it, or lay on it.

4. Water play. Give your child a large pan of water and a number of the following articles with which to play: toy sailboat, drinking straw, pebbles, cork, very small plastic bags, and rubber bands. (Be sure the plastic bags are small enough that a child cannot put one over his head.) Fill a bag with water. Place it on a square can, round can, tall can, low can. Show your child that water has no shape. It takes the shape of the container.

Other items for water play are spouts, funnels, jars, sponges, medicine droppers, scoops, and cans.

5. Put three articles in a box. Some articles to put in a box are a pencil, ball, paper, cloth, book, ribbon, rubberband, crayon, small toy, etc. Let your child identify them, making a sentence about each article. When he knows them well, hold the box behind him and let him identify by feeling rather than looking. Add other articles to the box as he learns them. Do not rush or pressure him faster than he can learn. He needs plenty of time, patience, and repetition.

6. Let your child play "dress-up." Put old adult size clothes, shoes, purses, gloves, and jewelry in a box for this use. Children can pretend to be mother, father, big sister, etc.

7. Play "bean bag toss" with your child or encourage him to play the game with other young children. At first, use inflated inner tube as target; gradually reduce target size using smaller targets. Two children can take turns throwing the bean bag.

8. Play "milk carton bowling" with your child. Line up quart size empty milk cartons. Roll a large ball toward targets trying to hit and knock them over.

9. Play "tasting game." Blindfold each other and try to identify the tastes of salt, sugar, lemon, vinegar, plain cake, candy. Describe the taste.

10. Play "surprise box" with your child. Let your child help you decorate a medium size box to be used as the surprise box. Place objects of different textures in the box. Examples are a sponge, wood, plastic, sandpaper, a piece of fur, a ball of cotton, a piece of corduroy. Take turns closing your eyes, selecting an object from the box, describing the object, and guessing the object.

HAVE FUN WITH YOUR CHILD.

ENJOY YOUR CHILD.

REMEMBER, YOU ARE HIS FIRST

AND MOST IMPORTANT TEACHER!!

TIPS FROM A PARENT AND TEACHER

Clara M. Chaney

This article was selected from Info-Pak 1:
The Education of Parents of Handicapped Children
by
USOE/MSU Regional Instructional Materials
Center for Handicapped Children and Youth
213 Erickson Hall
Michigan State University
East Lansing, Michigan 48823

TEACHING TECHNIQUES

Parents and teachers must learn to structure for their children until they can structure for themselves. They must create controls until the child can control himself. Each of these children can achieve and succeed if we are but wise enough to set the stage properly. If you want the child to learn to identify forms by placing them in a formboard, and the task is very difficult for him, you don't dump out the whole set of forms and expect him to replace them. You remove one and have him replace it. Remove one at a time until he is comfortable in the task, then begin removing two, three, and so on.

It is possible to structure and control almost any task. One of our favorites is a pegboard. It gives us a media in which we can control the child and the task, and convince the child that he can perform. First we must elicit performance. The child must perform, for without performance there is nothing to structure or control. The second step is performance upon command. The instructor says to the child, "Take this peg and put it here." We have encountered some terrific resistance and some real patterns of rigidity in this one simple task, but the pegboard puts the instructor in control. If the child doesn't follow your instructions, it is easy to grasp his hand, force him to take the peg, and put it in the proper place. After you have forced the action several times, the child realizes that he can do it alone. From this point, you can go to putting the pegs in a line across the board. You can go on to making forms on the board, structuring each problem so that the child can perform.

There was a recent study done in the East on what makes a retarded child perform best from the standpoint of successes and failures. The results showed that a retarded child will perform best if he succeeds about 75% of the time, and my first thought was, is this so unusual? Don't all of us like to succeed about 75% of the time? If the task is so difficult that we are failing at least half of the time, we will soon lose interest in it. If it is so easy that we succeed all of the time, we will also lose interest. But just make it tantalizing enough by 25% failures, and we will keep trying until we get the task done. These children are very normal in this respect. As you are setting up tasks for these children, keep this in mind.

THE TOLERANCE LEVEL

There are three levels of endeavor involved in working with these children. The first is the tolerance level. At this level, the child performs very easily. As soon as the child reaches this level in any task, you stop using it as a learning activity and transfer it to his playtime activity. Often mothers say that when they work with their children, it's hard to transfer learning activities into play time. Remember to transfer the task before the child becomes really bored with what he is doing. As soon as he can perform a task reasonably well, let him use if for playtime experimentation.

THE CHALLENGING LEVEL

The second level is the level at which the child is encouraged to give it another try, and we call this the challenging level. It is at this level that you set the stage from day to day for those tasks that you will push. Here you will insist that the children perform, because these are tasks which they can perform with a little effort.

THE FRUSTRATION LEVEL

The third level, called the frustration level, is the level at which the child cannot perform because he is not now equipped to do so. These are the tasks you must recognize and avoid. If you find yourself presenting tasks at this level and realize the child cannot perform, that he is becoming frustrated and so are you, don't set the task aside suddenly; simplify it. Break it down to the point where he just adds the last stages of the task and at least he will have had some measure of success.

These retarded youngsters are wise little people. If they find that you will set a task aside when they say, "I can't," or "This is too much for me," they are going to start using this excuse on more and more tasks in which they probably could perform.

If they can get out of performing they will do so, because performance is difficult for them. You will have to be ever watchful for their escape mechanisms. Often you must ignore them, for they will develop imaginary aches and pains. I remember one little fellow whose arm hurt very badly. We said, "Yes, we understand. Often we have aches and pains, but we still have to work." Thus we worked through the aching arm all day. When he came in the next day it was his leg. He complained that it hurt him also. Finally he got the idea that regardless of whether he hurt or not he was still going to perform, and he did.

THE MATTER OF OBJECTIVITY

This brings us to another point. Never say, "Do it for Mommy," "Do it for Daddy," or "Do it for teacher." We don't want the children to perform to please us; we want them to perform because this is life. There are demands that society will make of them. If they learn to perform to please you, they can turn off the performance when they are unhappy with you. It gives them another means of resistance. Remember to maintain an objective attitude when working with these children. Study your child before you begin any special tasks with him. Begin to think of him as a child instead of "my little darling." Try to look at your child as a clinician would; then it will be much easier to make demands of him, because you'll know that you are doing it for his future happiness. You must convince yourself that your child can perform, and that he will be much happier once he does. All of use enjoy success, and these children are no different in this respect.

When you start working with the child do not say, "please," or "Would you like to do it?" When you give him a choice he has the right to say no, and you should abide by it. In the beginning simply say, "Do it. Here and now." That is all that is necessary, although you may say "Thank you" afterward.

When you are working with your child, demand that he work. Command him to perform, and try to keep as many of your commands as possible related to the task itself and not to the child. Don't constantly call him by name. Don't say, "Come on now, John, John do this, John do that." The child might feel that you're heckling him. On the other hand if you simply say, "Put the peg in the board," or "Draw the circle on the chalkboard," you are directing the command to the task that the child is performing, and you will get much better and much quicker performance.

KEEPING IT SIMPLE

Keep your command short, simple, and to the point. Don't talk too much. I know that the experts say our children learn from our talking to them, but I feel that we often say too much at the wrong level. Anticipate the child's need at a particular moment and answer only that need. One parent at the Center mentioned that his son asks questions about everything he sees and they answer very simply, but the next day he may ask the same question. As an example, he said, "Down the street there is one of those little mechanical horses that children ride. Each time we walk by Mike says, 'The horse?', and each time I answer yes, it is a horse. What else can I say?" I commented that maybe the boy really wanted to make conversation about the horse, but he didn't know quite how to go about it. I suggested that the next time the father might say, "Yes, that's a horse. What do you do with it?" They came back at noon all excited, saying it worked. Father said, "We asked him the question and he told us, 'You ride it.'" This was the first time the child had every added the second bit of conversation. Always before when he asked a question they had just answered it, so there was nothing more for him to say.

If your child is in the habit of throwing questions at you, toss one back to him. If he says, "What are you doing?", say, "What am I doing?" He too might be trying to make conversation and not know how to do it.

Communication is dual. If these children are having difficulty speaking, they are probably having difficulty receiving. Too often a command is followed by superfluous words such as: "Come on. Why don't you do it" Look, it's not so difficult, just put it in here." By the time the child gets through to the last word you've spoken, he has completely forgotten the original instruction, so performance is impossible.

BE POSITIVE

Give a simple command and wait. If the child doesn't perform, give it again. If he still does not perform, repeat it the third time, as you move him into the task. This is one of the reasons for starting with motor tasks. Almost any time a child refuses to do a motor task, you can move him into the task physically. If you have a child doing Angels-in-the-Snow (a task in which the child lies on the floor and moves an arm and a leg on command), and you instruct him to move his leg, but he refuses to move it, you can easily grasp his leg and move it. I have found this quite effective with older children, especially boys, to say, "You move it or I'll move it for you." They don't want me manhandling them, so to avoid it they will at least try to perform the task.

Let your voice carry confidence and expectancy when you are working with your child. Mothers often have difficulty here, because they have seen their children fail so often. When a mother says, "Johnny, do it," she says it with a hopeful tone in her voice, and her lack of expectancy is evident. If father says, "Marion, don't go through that door," while he walks toward Marion as fast as he can, Marion knows that he is coming, and he knows by the tone of his father's voice that he did not expect him to stop. If you need to work on this type of problem, when you say, "Don't go through that door," be sure that you're close enough to the door that you can prevent the child's exit. After two or three similar successes, you begin to gain confidence, and the child understands that you are serious. Then you can from a further distance say, "Don't go through that door," until finally you can say it from across the room and experience immediate obedience. You have to train yourself to speak in an authoritative voice.

IN CONTROL AT ALL TIMES

When you are working with your child, your voice should be quiet and authoritative. The more you raise your voice, the more excited the child will become. I recently observed a teacher who spoke to her children in a very low, soft voice. The children had to listen to hear her. She gave a command softly and then waited. If necessary, she gave it quietly again and waited. If there was still no performance, she forced obedience. The children soon learned to listen to her, because they knew she would not raise her voice or give added clues once instructions had been given.

Initial work with your child should involve only short time periods. Adhere to a schedule, so that your child will become accustomed to performing at the same time each day. As you advance to the point where you can work with confidence and the child realizes that he can perform, lengthen the work periods and apply the above techniques to the activities of daily living.

During the initial work periods, be vigilant to prevent the child from gaining control of the situation. Remember that you are to structure the task for him, give the commands, and demand performance. You will find that the child will use many methods to avoid the task; however, you must recognize his methods and overcome them.

GROUP ACTIVITIES

The teacher working with a group of children can use circle games, obstacle courses, or even a game of follow the leader across the mats using different ways. There are fifty or sixty ways to cross a mat, and what is easy for one child may be a learning experience for another. If you find it hard to believe, get a group of adults together and see how many different ways they can find to cross a mat. By using the problems that you use working with the children, you might introduce a new type of party game. See how many variations the adults can come up with, and then help the children learn what they have discovered.

You don't want to teach the children to do a specific task in a specific way, so instead help them learn to do each activity in many ways, so that if they are called upon to perform a learned task in a slightly different manner, they can adjust and perform. Try to work out as many variations as possible when working with a child, but don't let him change the task unless it is a "follow the leader" type situation and each child is to take his turn.

ADDITIONAL POINTERS

If a child is almost ready to perform and there's something holding him back, a quick "now," or even a quick swat will sometimes solve the problem. Only a quick swat can carry the element of surprise needed to get the results that you want. Don't spank and don't use this technique too often, because once it loses its startle effect, it becomes useless.

Do not give the child a choice at any time unless you intend to abide by it. Choices are not a good idea with these children, because a choice usually involves the time element. If you say, "If you do this, Johnny, we'll show it to Daddy tonight," or We'll go get an ice cream cone," Johnny will probably want the ice cream now, or he will want to show Daddy now. These children have difficulty recognizing time variables; to them there is only now and the distant forever, no in between. A threat to spank is also ineffective; how threatening can the future be when there is no future?

KEEPING ONE STEP AHEAD OF THE GAME

When you tangle with the problems of hyperactivity and distractibility, you're going to have to think faster than the child thinks. You will have to anticipate the child's move before he makes it. If your child is one who slides out of his seat or makes a dart in the opposite direction, watch carefully to see when the child begins to make the move. Move in and stop him before he is out of his seat. Once he is out and gone, even if you bring him back, he has won the battle.

One little girl was unable to resist feathers on hats during a time when most women wore feathers in their hats. The child would sit in church and grab hats before anyone could stop her. The mother began sitting next to her daughter where she could feel her arm as it started to move. She would then thrust her hand out in front of the child's arm, thereby preventing her from stealing the feathers. The child's habit was soon broken, because her mother had wisely discouraged its practice from the beginning.

RELAXED ATMOSPHERE

Teach your child to relax, and help him learn to laugh at himself. Let him know that you don't mind if he makes a mistake, but encourage him to try again. Do not drill while you're working with your child; don't make him do the same thing over and over again. The first and second time that a child performs a task is the real learning activity.

LEARN TO RELAX

Mothers and fathers must also learn to relax. This is probably the biggest order of all, but there is no group of children in the world who react to our emotions and our tensions as these children do. Occasionally a mother will complain that her child is in a bad mood, and later admit that she was upset in the morning, but she settled down after her morning coffee. However, it wasn't so easy for her child to settle down; he kept building tension all day.

Try to keep the home situation relaxed. I think one of the most difficult times in the home is when everybody comes home from school and work in the evening, for at that time, the excitement and tension in the home reaches its peak. If possible, the child should be taken for a walk to get him away from all the confusion, and to give the other members of the family time to settle the atmosphere. This would enable the entire family to spend a more pleasant evening at home.

SUMMARY

Children with learning deficits can learn more adequately than they are now learning. Each of them can experience learning now and for many years to come. Our problem is not teaching them, for I don't believe anyone every really teaches children anything. Our basic concern is in setting the stage properly in order to let them learn. This is what we must do for retarded children; we must learn to think and feel as children. We must try to understand the problems which they encounter. If you keep these suggestions in mind, I think you will find that you can help these children learn to adapt and become useful members of our society.

SECTION III

Classroom Planning and Instructional Strategies

THE IMPORTANCE OF DISCIPLINE IN PROMOTING THE GROWTH OF DISADVANTAGED PRESCHOOL CHILDREN

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Discipline refers to the standards and control placed on the preschool child to influence his behavior. Teachers and parents play significant roles in helping the child become more mature. Personality maturation in the child is dependent on changes in expectation for the child by the influential adults in his environment. As the child becomes older and more mature, these significant adults change their expectations for him. At different age levels society, likewise, has different expectations for the child.

The ultimate goal for all individuals is self control. The child achieves this goal more quickly if the adults in his environment follow certain basic principles that have been focused effectively in promoting self control and more mature behavior. Since each individual is unique, no one technique is equally effective with all children. We know, however, that discipline that is too harsh on the one hand or discipline that is too permissive on the other hand does not produce well adjusted mature children. It is generally agreed that the middle of the ground course of discipline reaps the best results.

In the experimental preschool and demonstration classes I direct at the University of Illinois, we use a variety of techniques for obtaining good discipline and these techniques draw upon a number of theories and philosophies. While I recognize that there are no pat answers, I would like to review with you some basic techniques that we use to promote desirable behavior:

1. Careful planning of the instructional program is essential. The activities for the day are carefully planned so that each adult knows what the overall plan is and specifically what his responsibilities are. This planning involves writing lesson plans, having instructional materials assembled and ready for use, and evaluating the instructional program at the close of the day to enable improved planning for the following day.

2. Opportunities are offered for the use of all senses. It is generally agreed that responses involving all of the senses produces greater learning and thereby tends to reduce undesirable types of behavior.

3. Activities are paced to insure maximum attention and learning. A teacher must be sensitive to the length of time to expect a child to pursue an activity and to change to another activity before the child loses interest and his behavior becomes less mature and unacceptable.

4. The schedules are kept as constant as possible. In that many of the children come from disorganized homes, it is especially important to keep the scheduling of the school program as consistent as possible. A disruption of the schedule too frequently makes children feel insecure and may result in types of acting out behavior. Too many field trips in succession may be more than such a child can adjust to and assimilate.

5. Teaching in groups of five children to one adult is important for promoting desirable behavior. This small teacher-pupil ratio allows for more differentiation of instruction and enables greater involvement of children in the teaching-learning process. A small group enables the teacher to maintain eye contact more readily, which is of utmost importance in promoting interest and subsequent desirable behavior.

6. Instruction is geared to the level of the child's development so success is possible. Disadvantaged children tend to feel inadequate; therefore, it is especially important for them to succeed in the tasks expected of them. Immediate feedback is essential for them to know if their attempts have been successful. "Nothing succeeds like success," cannot be overemphasized.

7. Selection of teachers who try to understand the children and enjoy working with them is crucial. There is no substitute for the teacher who is genuinely interested in working with the disadvantaged children. Children respond positively to a person who is truly interested in them. They soon detect a phony and act accordingly.

8. It is important that instructional materials are presented enthusiastically and dynamically. Enthusiasm is contagious; if a teacher is enthusiastic, the children will be enthusiastic and be interested and well behaved. Use of visual aids tends to hold attention and enhance learning. A deadpan presentation is a breeding ground for undesirable behavior.

9. A teacher conveys to the child he has confidence in the child's ability to control his behavior. A child tends to respond to the way the teacher feels about him. If the teacher acts as though the child is not going to cooperate, 9 chances out of 10, he will not.

10. A matter-of-fact attitude promotes cooperation. Over-stress or too much concern over the child's conforming gives the child the impression that the teacher is anxious and fearful. If the teacher says in a confident matter-of-fact manner, "It is time to rest," children will usually get on the rugs and rest.

11. Teachers should avoid excessive talking in controlling childrens' behavior. Children develop a kind of "teacher deafness," and they tune out. The more a teacher talks, the less he is usually getting through to a child. No teacher should get emotionally involved with a child to the point where he is shouting or arguing.

12. There is avoidance of shaming, belittling, embarrassing, humiliating, and ridiculing a child. Such reactions on the part of the teacher makes the child feel more inadequate, hostile, and uncooperative.

13. Politeness and courtesy encourages a child to be cooperative. A child learns manners from observing others. If adults set a good example for him, he will more readily learn socially acceptable behavior. If the teacher talks when he is talking, he will think it is all right to interrupt and talk when others are talking. "Please hang your coat in your locker," encourages the child to follow through more than, "Hang your coat in your locker."

14. Suggestions rather than commands evoke cooperation. Children respond to pleasent suggestions more readily than to commands especially if they are sharp. Children as well as adults like to feel that they have a voice in what they do. "Would you like to pass out the crayons, Mary?" is apt to get a positive response than, "Pass out the crayons, Mary." Be prepared to be honest here: If Mary says, "No," don"t make her pass out the crayons.

15. A positive approach is more effective than a negative one. "You can finish your work quickly," usually encourages a more prompt completion of the task rather than "Hurry up, you are a slowpoke!"

16. Encourage the child for mature behavior. Sincere, well justified praise encourages the child to continue the more mature behavior. He wants to be well thought of by others; he responds positively to recognition of improvement in his behavior. A steady flow of sweet talk which sounds mechanical is soon interpreted by the child for what it is worth.

17. There is a realization the child wants the teacher to help him control his hostility and aggression. The child normally wants to belong to the group. No child is happy who is allowed to give vent to his feelings in any way he sees fit. A teacher who is firm, consistent, calm, and kind in helping a child control himself gains the confidence and respect of the child.

18. Only important limits are set on a child's behavior. If a teacher directs every move a child makes, the teacher can anticipate rebellion. Only important limits are set to insure safety, mental health, protection of property, and learning. With a framework of these limits, the child has freedom to operate.

19. Threatening a child does not help him control his behavior. Instead, give the child a choice. For example, when the teacher says, "If you keep making noises while we are listening to the record, you will have to go to another room," the teacher is threatening the child. The first reaction of the child will probably be to make another loud noise to test the teacher and to see if he really means what he says. Such an approach is an invitation to misbehave.

20. Punishment tends to weaken self control and judgment. It is disruptive to order and the sense of belonging. Punishment here means an adult making a child suffer for his mishaps. Usually when a teacher uses physical punishment, it is an admission that he does not know how to handle the situation. The more frequently the adult uses punishment the more ineffective it becomes. Adults often remember severe spankings they received in their childhood but are unable to recall the reasons for the punishment.

21. Avoid reinforcing undesirable behavior. If a child cries often or continually, holding his hand or taking him on your lap is encouraging him to cry.

22. Last but not least, do not automatically blame the child or his parents for his undesirable behavior. You may be fostering it. Try to take an objective look at what you are doing or failing to do. You may discover that when you tool up, the behavior in your classroom improves.

WHAT TEACHERS OF YOUNG EXCEPTIONAL CHILDREN CAN DO

K. EILEEN ALLEN

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■ One of the issues in special education that will receive major emphasis in the 70's is the early education of the young exceptional child. As we all know, the earlier the educational intervention, the more likely it is that the handicapped child's problems will not be compounded with cumulative deficits. Therefore, those of us concerned with such children at the preschool level must ask ourselves what it is that teachers can do in order to deal more effectively with early education for exceptional children. Some of the directions that the staff of the Experimental Education Unit Model Preschool for Young Handicapped Children is pursuing, as well as several case studies, will be the focus of this discussion. Perhaps they will yield some answers to the question.

The case studies reported here are derived from the actual experiences of teachers and young children in several types of early education programs. The behavioral disorders and learning disabilities of all these children were so inextricably intermeshed that there was no way of deciding which caused which. Nor was such a sorting really necessary. Indeed, it was far more fruitful to view the children in terms of their characteristic behavioral responses (disordered, disabled, or otherwise) rather than in terms of an ambiguous label like learning disabilities, even though classifying labels may have some function at the administrative level in procuring funds for special education programs (Deno, 1970). Viewing children in terms of their actual responses demanded an entirely new attitude: teachers had to completely eliminate the term learning disabilities from their thinking. For, as every teacher of exceptional children knows from even a cursory examination of the literature, the term has by no stretch of pro-

fessional imagination a universal definition. Rather, the definition appears to vary according to the training and professional bias of the individual educator, clinician, or therapist using the term. Therefore, in order to eliminate such thinking, we emphasize that teachers should consider a disability to lie not within the child, but rather to arise from the interaction between the child and the environmental events (instructional materials, teachers, and so forth) that purport to teach him.

FOCUS ON CHILD'S CAPABILITIES

The learning disabilities label carries with it the assumption that the child, and not his environment, is at fault. But the same environmental event that produces what is called a disabled learner also produces a host of other less distinguishable anomalies and mediocrities, not only in the exceptional population, but also in what is regarded as the normal population. For example, great value supposedly is placed on the creative individual. Yet the average home, school, and neighborhood environments, particularly in their social components, extinguish creativity before it has a chance to develop into the complex repertoire of responses that characterizes the much prized creative individual. All too often, unique or divergent responses are seen as troublesome noncompliance to be punished in a variety of subtle, and sometimes not so subtle, ways. Such punishment produces not creative children, but that great middle band of unimaginative, uncreative children whom adults complain about as incapable of thinking for themselves, incapable of taking initiative, incapable of making the heuristic leap.

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In addition, the child loses his individuality when educators or clinicians insist on labeling him. In this connection, the marvelously descriptive phrase "hardening of the categories" (used by one clinician in voicing his doubts about the usefulness of classificatory terms) is still amusing, but such categories are all too sadly still in vogue. Too often the label, high sounding and erudite, carries assumptions and conceptions that generate a predisposition of futility regarding treatment; or it generates label influenced procedures that often shape the child into a full blown stereotype of what the label denotes.

The child's improvement can be kept in sharp, positive focus for diagnosis as well as for treatment only if educators concentrate on enhancing his capabilities, on extending his existing behavioral repertoire. This approach, of course, demands a descriptive diagnosis based on the child's observable behaviors. Instead of saying the child is aphasic, for example, the teacher should say that the child has a speech repertoire of 10 words, all of which are attached to appropriate referents. The latter affords a positive, benign, and accountable starting point from which each small gain can be measured.

The use of hypothetical constructs such as self-image, immaturity, or readiness bears little functional relationship to the developing child. Not only are such terms ambiguous (Tyler, 1964), they are unnecessary, as Baer (1966) argued so convincingly in his paper, "An Age-Irrelevant Concept of Development." If educators would but abandon their dependence on concepts like readiness and immaturity, the child's progress could then be measured not against some nebulous peer group that exists only in statistical compilations, but against himself. A teacher could then say, "Last week Billy attended to a given task for a maximum of 2 minutes; this week he is averaging 4 minutes of attending behavior per task. If appropriate contingencies are maintained, his attending behavior should be extended to 7 or 8 minutes per task by next week."

CAREFULLY SELECT REINFORCEMENT CONTINGENCIES

Appropriate contingencies are the keys to improving the child's behavior. The term, contingency, refers to the relationship between a given behavior and its consequences. The consequences of a behavior may be one of several types. The consequences may be positively reinforcing: Billy's teacher praises him when he at-

tends to his tasks. They may be negatively reinforcing: Billy's teacher deprives him of outdoor play when he does not attend to his tasks. Or, they may be neutral: Billy's teacher fails to take any notice of his attending behavior. In general, that behavior which is followed by neutral or negative reinforcement tends to decrease in frequency, while behavior which is followed with positive reinforcement tends to increase in frequency. In any case, overt behavior is affected by its consequences and can be altered by altering those consequences.

... a learning disability resides not in the child, but in the environment.

Therefore, a child's learning and development constitute essentially a complex history of reinforcement contingencies whereby given behaviors are gradually shaped into more refined or complex ones through shifting existing reinforcement contingencies or introducing new ones. Thus, there is justification for the assertion that a learning disability resides not in the child, but in the environment. More specifically, the disability arises from the inappropriate reinforcement contingencies provided by the environment; and even more specifically, it arises from the interaction between the behavior of the child and the behavior of the teacher, for the teacher is the most significant part of the environment. This thesis will be made abundantly clear in the presentation of case studies whose information was originally reported as experimental data from work with children (Allen, 1967a).

BEHAVIOR MODIFICATION IN THE PRESCHOOL SETTING

Beginning in 1962, the teaching staff of the Developmental Psychology Laboratory Preschool at the University of Washington, under the direction of Florence R. Harris, and in collaboration with Montrose M. Wolf, Donald M. Baer, Sidney W. Bijou, and others, conducted a pioneer series of naturalistic (field) investigations based on learning theory as it relates to reinforcement contingencies. The investigations were made to determine whether desirable behaviors could be strengthened and undesirable behaviors could be weakened or extinguished through systematic programing of social reinforcement contingencies. A partial list of the behaviors that were studied includes severely withdrawn behavior (Allen, Hart, Buell, Harris, & Wolf, 1964), excessive crying (Hart, Allen, Buell, Harris, & Wolf, 1964), mutilative self-scratching (Allen & Harris, 1966), regressed crawling (Harris, Johnston, Kelly, & Wolf, 1964), uncooperativeness (Hart, Reynolds, Baer, Brawley, & Harris, 1968), and socialization of autistic children (Wolf, Risley, & Mees, 1964; Wolf, Risley, Johnston, Harris, & Allen, 1967; Brawley, Harris, Allen, Fleming, & Peterson, 1969). Soon other investigators became engaged in classroom research concerned with behavior and its relationship to reinforcement contingencies. Behavior modification became the key phrase to describe their efforts. Currently, some of the most impressive work in the area of classroom and teacher contingencies is carried on at the Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington, under the direction of Norris G. Haring and Alice H. Hayden.

DEVELOP LEARNING ABILITY

The case studies that follow cover classes of behavior which are deemed necessary to sound general learning ability. Included are studies of gross motor skills, social behavior, personality adjustment, and intellectual behaviors in the young child. The final studies focus on span of attention and verbal skills—necessary requisites to any kind of classroom performance.

Turning Passiveness to Vigorous Play

The first case study deals with an exceedingly frail, withdrawn, and passive child who spent most of his time in desultory standing or idle sitting. He wandered out of doors with eyes downcast while his peers romped about on wheel toys and climbing equipment. If the child could become involved in active play, it was reasoned, all sorts of active social, verbal, and intellectual behaviors might be triggered. Use of the climbing equipment was therefore selected as a start-

ing point for shaping vigorous play. First, however, in order to determine precisely to what degree the child was engaging in climbing activities, baseline data (actual amount of climbing prior to intervention) were collected. After 6 days of systematic record keeping, data showed that the child spent less than 5 minutes of the 45 minute outdoor play time in any kind of active play. Furthermore, he rarely came near the climbing equipment.

... step by step the child has to engage in more and more complex components of the target behavior in order to win social reinforcement from the significant adults.

Following this analysis, shaping procedures were begun with what is technically called reinforcement of successive approximations to the target behavior—in this case, climbing on the climbing equipment. First of all, the teacher gave warm attention to the child for mere proximity to the equipment, then for coming closer, next for putting a hand on it, then a foot, and so on, until the child was actually engaged in rudimentary climbing. Thus, a teacher can make use of the shifting contingencies mentioned earlier whereby step by step the child has to engage in more and more complex components of the target behavior in order to win social reinforcement from the significant adults (teachers) in the preschool environment. During this shaping period, no teacher gave attention to the child when he engaged in sedentary activities.

This procedure resulted in a vast increase in climbing behavior, but only on one particular piece of equipment. At the end of 2 weeks of continuous reinforcement the child was spending 30 to 35 minutes of every 45 minute outdoor play period on that piece of equipment. The goal for the final phase was to generalize the climbing behavior by making adult social reinforcement contingent on the child's use of any and all equipment in the yard. In other words, the child had to climb on several types of equipment instead of just one in order to receive attention from the teacher. This phase of the program was readily accomplished. Postchecks were made during the remainder of the year as well as several times during the following year. After observing the child at play with his peers, the teachers had no doubt that climbing and other forms of vigorous play had become an integral part of his behavioral repertoire and that he had acquired other desirable behaviors. He was a smiling, laughing, verbalizing little boy, keenly aware of his surroundings.

Reducing Dependency on Adults

The second case study involves a girl typically described as shy, withdrawn, and overly dependent on adults. Systematic observation during the baseline period indicated that (a) she spent a large portion of her school playtime in solitary play or with adults and very little of it with children and (b) when she did play with children, teachers seldom interacted with her.

Acting on the hypothesis that play with children, so necessary to optimum social adjustment, could be strengthened if it were reinforced by attention from the teachers, teachers planned modification contingencies and put them into operation. The teachers agreed never to attend to the child when she played alone or attempted to interact with them when no peers were present. On the other hand, they would give constant attention to her whenever she interacted with other children.

... they would give constant attention to her whenever she interacted with other children.

The records soon gave evidence that when she

was reinforced (given approving teacher attention) for interaction with children, her social interaction rose from about 15 percent of her total play time to well over 50 percent. In the beginning, of course, teachers reinforced mere proximity or approach to children. At the same time, her interaction with teachers alone, which they did not reinforce, was reduced by half. After several weeks the teachers gradually reduced the amount and varied the timing of their attention to her play with peers; that is, they offered what is technically referred to as a low rate intermittent schedule of reinforcement. Nevertheless, the social behavior held up. It appeared to be largely self-maintaining because, of course, the child was now the recipient of a great deal of peer attention. Postchecks taken at random throughout the remainder of the school year indicated that the child continued to maintain appropriate social behavior.

Parting Troublemakers

Peer reinforcement is a powerful consequence for some children, particularly when it comes to the shaping and maintenance of those behaviors which adults tend to find aversive. Many a parent laments that the root of his child's problem is "That *Johnny* down the street." This, as most teachers recognize, is often sheer scapegoating. Yet, most teachers have encountered the twosome who thoroughly disrupt social or classroom situations. Just such a pair is the subject of the next case study.

The two boys, both 5 years old, roamed the play yard and schoolroom with, it seemed, but one purpose: to create havoc by taunting other children, by interfering with ongoing projects, by racing about aimlessly and destructively, by defying teachers. In addition, they had extensive repertoires of bathroom words and related behaviors which were continually expanding through their mutual reinforcement of each other's efforts. Had a movie been made of their activities the censors would surely have rated it "X."

However, when the boys were not together, each exhibited a perfectly normal range of social behaviors with children and adults. The problem was that they were seldom apart except for those rare occasions when they had quarreled and vowed never to play with each other again as long as they both should live. Baseline information indicated that they played together 79 percent to 91 percent of the time. The teaching staff had long agreed that if the boys were to profit from their school experience their time together would have to be reduced. However, every traditional guidance procedure that had been tried had had only a limited effect on their togetherness. A drastic alteration in contingencies was needed.

Therefore, two teachers were temporarily assigned to the children, one teacher responsible for each boy; but never was either teacher to attend to her boy so long as both boys were together. The moment they separated, however, no matter how briefly, each teacher was to go to her particular boy, giving him her warm, undivided attention. If at all possible, she was also to introduce him subtly into the activities of the nearest group of children, provided his cohort was not among them. The moment the boys teamed up again, each teacher would move away from the scene.

Although the plan seemed practical, there were strong doubts that the teacher's social reinforcement would be powerful enough to compete with the reciprocally reinforcing qualities that each boy seemed to hold for the other. The doubts were soon dispelled, however. Within 4 days after conditions were changed, the boys were spending less than 15 percent of their playtime together and approximately 75 percent of it with other children. The teachers' main concern during the next 2 weeks was to continue and even to redouble their efforts to reinforce purposeful activities with other children so that each boy might acquire a more powerful alternate set of peer reinforcers.

Postchecks taken at random throughout the remaining months indicated that such a goal had

... the baseline data on teacher attention indicated that the boys had always received a disproportionate share of teacher attention.

been achieved. Each boy was spending 58 to 77 percent of his time with other children, 13 to 21 percent with his former best friend. Teacher attention had been slowly reduced to a rate commensurate with the amount received by other children and was presented noncontingently, with one exception: if the two boys either singly or in concert engaged in one of their former disruptive acts, the teachers withdrew.

It was certainly true that during the early stages of the shaping procedures a great deal of teacher time was devoted to the boys. However, the baseline data on teacher attention indicated that the boys had always received a disproportionate share of teacher attention. Prior to systematic control, it had been dispensed randomly in large quantities as the teachers attempted to rechannel the boys' activities, interpret their behavior to other children, explain to the two boys the other children's anxieties about them, and so on. The evidence showed that these procedures, so traditionally a part of an understanding preschool teacher's repertoire, were totally ineffective.

Guiding a Child Out of Seclusion

Another case study demonstrates this point most convincingiy. The child, a 7 year old boy labeled autistic, was in his second year of extremely expensive one to one treatment in a children's psychiatric ward. No one had seen him smile, laugh, cry, or look directly at another individual. He did, however, have frequent screaming episodes, referred to as catastrophic outbursts. For the most part, he passed his days looking at a wall, fiddling with pieces of string, or watching the water in the sink as it ran out of the faucet and down the drain.

... bit by bit (and bite by bite) the teacher raised the child's head to where eye contact was possible.

Because the attention of other human beings, adults or children, appeared to have absolutely no reinforcing value for this child, the experimental teacher, who went into the ward only one hour a day, began by pairing herself with the child's lunch. She kept the lunch on her side of the table and made each bite contingent upon some bit of behavior that she planned eventually to be a part of a complex social response. It was necessary to begin with a most rudimentary but most necessary requisite to social behavior, eye contact, for the child had rarely engaged in that behavior. But even that was too broad a step for this child, so bit by bit (and bite by bite) the teacher raised the child's head to where eye contact was possible. When eye contact was well established and spontaneously engaged in, she moved to smiling and laughing; in other words, she began shaping what is regarded as basic social responsiveness. The child began to respond to her as a person after she paired herself with food. Soon the use of food as a reinforcer could be discontinued. At this point the teacher moved to the shaping of vocalizations, primitive direction following, and the use of play materials, such as blocks, simple puzzles, and jumping boards.

So rapid was the child's improvement that by the end of 3 weeks (about 25 hours of work with the child) the teacher began bringing him to the preschool for one hour each morning so that he might be exposed to a somewhat more normal social milieu. At first he withdrew into many of his former bizarre behaviors, particularly string fiddling. After he was judged to be well adapted to the new situation, the experimental teacher began to reinforce his behavior differentially. That is, she gave him attention for all activities, except the detrimental wall gazing, string fiddling, and water watching. When he engaged in any of the latter behaviors, she ignored him. These maladjustive behaviors dropped out quickly under this procedure during his hour at the Laboratory School, while his appropriate behaviors gained rapidly in both frequency and duration.

During this same period, frequent checks were made of his behavior in the ward where his own special psychiatric attendant exercised no contingencies except those of total acceptance and continuous loving care. The picture was one of sharp contrast as if, somewhat eerily, one were seeing two different boys in the same skin—the one, a thoroughgoing "autistic"; the other, an active, smiling, vocalizing child quite able to

take the next step that was planned for him: interacting with peers. Shortly thereafter, the child's father was transferred to another city and the case was prematurely closed. The point to be made, however, is obvious. It is not the amount of adult attention in and of itself that strengthens healthy, adaptive behavior. Rather, it is the contingencies placed on that behavior that determine the increase.

Increasing Attention Span

Moving from the realm of motor behavior and social and personality adjustment, the next case study deals with attending behavior or, as it is more frequently called, attention span. The child in question was close to his sixth birthday. He appeared to have a well developed repertoire of physical, social, and verbal skills, yet he rarely settled down to any sustained activity; he had all of the behavioral symptoms of the "classic hyperactive." During the baseline measurement period, which was typical of all of the preceding weeks of school, he flitted from activity to activity as much as 82 times during each 50 minute session of free activity time. He really moved! The overall average for the baseline period was 56 activity changes per 50 minute session with an average duration of 55 seconds per activity. Study of the data revealed that the child's flitting from one activity to another consistently produced consequences from the teachers as they attempted to encourage, suggest, or structure more lasting activities for him.

After baseline data collection had been completed, the following contingencies were put into effect: (a) all teacher attention was to be withheld until the child had remained with an activity for one continuous minute; (b) at that moment, a teacher was to go to him and give interested attention and support to whatever activity he was engaged in; (c) she was to stay with him for the duration of the activity, but to withdraw her attention the moment he left; (d) she was to stay away, busy with other things, until he again engaged in an activity for one continuous minute. A volunteer observer recording precise time intervals of activities provided the discriminative stimulus which governed the teacher's behavior. That is, the observer placed a bright red visual cue at the top of her clipboard and kept it in conspicuous view for as long as reinforcement should continue. The remainder of the time she kept the cue out of sight, indicating that teacher attention should be withheld.

The one minute criterion was chosen as a first approximation to increased span of attention, since baseline data indicated that the child could occasionally hold for that length of time. As was mentioned in preceding cases, when a behavior is virtually nonexistent or in very low strength, teaching contingencies to be effective must reinforce each small step in the appropriate direction. Thus many successes for the child are built into the program as he moves by increments toward criterion performance. Records indicated that the contingencies planned in this case resulted in an immediate decrease in number of activity changes. During the 18 days following baseline the average number of changes was 27 per session, with an average duration of 1 minute and 51 seconds per activity, twice that of the baseline period. At this point another change was made in contingencies: the criterion for presentation of teacher attention was increased to 2 minutes of sustained activity. This produced some increase in number of activity changes initially with subsequent rather dramatic decreases.

Two days of this study deserve special mention. On one day the child's mother was present for her regularly scheduled visit. The mother, an extremely voluble individual, interacted with her child freely, commenting, suggesting, directing, and questioning him at frequent intervals. The greatest number of activity changes for this stage of the procedure occurred during this session. Interestingly, there had been a peak day during baseline which was also the mother's visiting day. It appeared obvious that on these novel school days, the child's mother had greater reinforcing value than the teacher, a fact not surprising in itself. Also interesting is this: the mother was reinforcing a behavior (frequent activity change) quite incompatible with what teachers were reinforcing (infrequent activity changes).

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tivity change) quite incompatible with what teachers were reinforcing (infrequent activity changes). These data would seem to strengthen the evidence that the child's short attention span was in large part a function of adult social reinforcement.

By the end of the school year, the child often spent 15, 20, or 25 minutes in one activity. The mother reported that he was more settled at home, too, though no data were collected there. Both the parents and the teachers considered the child eminently more able to learn than he would have been if left to naturalistic unplanned contingencies.

Developing Verbal Output in a Maladjusted Child

The final case study deals with a child who engaged in little verbal behavior. The child who does not engage in language freely and appropriately is severely disabled both academically and socially as the literature, especially on the culturally disadvantaged and retarded, demonstrates convincingly. Some children, of course, simply do not have speech; it must be laboriously shaped, sound by sound, syllable by syllable. Unlike such cases, however, the child in the present instance had a perfectly adequate verbal repertoire; she simply did not use it in any advantageous fashion. Instead of talking, she engaged in a variety of behaviors which would surely come to be labeled maladjustive, even bizarre, at some point in her school career.

The baseline information indicated that this 4 year old girl did indeed have an exceedingly low rate of verbal output, both to adults and to children. She responded a bit more freely to adults, however, so this was chosen as a starting point. Adult social reinforcement was made contingent upon the child's responding verbally, if only in monosyllables at first, to the teachers. If she made one of her customary nonverbal responses or requests, the teacher turned away. Verbal interaction with adults rose quickly under these contingencies.

During the final phase of the study, teachers reinforced verbal interaction with children. They employed a priming or cueing system similar to the one devised for another excessively silent child (Allen, 1967b) Essentially, the system was simply to supply the child with appropriate verbalizations when she came in contact with peers. If she picked up the verbal cue and used it, the teachers continued to attend; if she failed to do so, the teachers turned away until another opportunity presented itself. As talking to children became more and more stable, the teachers gradually eliminated the cueing and made their attention contingent on spontaneously initiated verbalizations to children. At the same time, they reduced the amount of attention for talking only to a teacher so that the child's overall verbal behavior came to approximate that of her peer group.

Much depends upon the teacher's willingness to relinquish categorizing the child and instead to specify the behaviors that are to be changed.

If she picked up the verbal cue and used it, the teachers continued to atten ...

END CATEGORIZATION

From this and the foregoing studies, there can be little doubt of the effectiveness of planning systematically the adult social reinforcement that exists naturally in the early educational environment of young children. It is obvious that behavior can be modified in either positive or negative directions, depending on the discretion (or lack of discretion) of significant adults. This

discussion has been confined to the preschool age child for two reasons. One, this is the area of the author's research interests; and two, many a so called disabled learner might never have reached that state if appropriate contingencies had been employed early in his childhood—if his maladaptive responses had been modified one by one, step by step.

However, it is never too late—just as it is never too early—to alter reinforcement procedures. Much, however, depends upon the teacher—the teacher's willingness to relinquish categorizing the child and instead to specify the behaviors that are to be changed. These may be disordered academic behaviors, verbal behaviors, or social behaviors incompatible with the acquisition of appropriate responses characteristic of the child who is able to learn. If school failure is failure of teachers and schools, not of the children, as mounting evidence seems to indicate, it is indeed incumbent upon teachers to reshape the contingencies in the educational environment so they can enable children to acquire an appropriate repertoire of behavior.

Appropriate contingencies are the keys to improving the child's behavior.

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■ Organizer, Architect, Decorator—all are roles of the classroom teacher who carefully plans the educational setting in which her students actively participate. Rooms for young children with special problems require careful planning.

Classroom Planning for Young Special Children

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ROLES DEFINED

An Organizer determines the individualized needs of the students and how to meet these needs through room planning. Careful planning of room arrangement can provide children with a sense of stability, security, and order. In addition, careful planning can save the teacher time needlessly spent moving furniture for various activities, hunting for lost equipment, and picking up at the end of the day.

An Architect takes the space available and maneuvers the space to match the needs of the organizational plan. Although all classrooms should be planned to make best use of available space, careful planning is especially important for rooms used by preschool and early elementary age special children. Programs for these children feature large group, small group, and individual activities. Thus the potential for crowding, chaos, and possible dangers exists in an unplanned room. Such problems can be minimized by dividing the classroom area into learning centers planned for various types of activities.

A Decorator utilizes various mediums to enhance the planned surroundings of a room. This includes the use not only of commercially-produced and teacher-made materials, but also of children's work. Careful decorating thus becomes an expression not only of the teacher's personality, but that of the children as well.

ROOM ARRANGEMENT

In organizing a classroom, certain basic principles of room arrangement are applicable for all rooms, although no single plan could possibly meet the specific needs in all situations. Variables such as children's ages, special handicapping problems and special equipment, the number of children and adults, planned curriculum program, and available resources must be considered. However, all programs should include provisions for individual, small group, and total group activities.

Chart 1 provides a general list of areas which might be included within a room. Obviously, not all areas can be included in the average classroom. Only the individual teacher can determine which areas are most important in meeting the needs of her class. Become an organizer by evaluating which areas are most important to you and your students. Number the areas according to importance for your classroom. After deciding which areas are a necessity, determine which areas can be combined. For example, the storytelling area for reading to a small group can also be an area for individual activity as children select their own books to picture-read. The art area can be used by individual children as well as for small groups working together. Dual or multiple use of room areas depends upon how you schedule the day's activities.

FUNCTION OF ROOM AREAS

Next, determine which of these areas are noisy, quiet, and semi-quiet areas. For example, the construction and motor areas will be noisy while the storytelling area will be semi-quiet. In contrast, areas for planned lesson instruction or a time-out area should be as free from noise and distractions as possible.

Become an architect by maneuvering the available space to meet your specific needs. Space for large group activities should have no partitions or dividers which require moving and should be free for use by the total group as needed during the day. This space may also serve as the snack area, naptime area, or as the traffic lane for movement to smaller areas for individual or small group activities. This area will usually be the center area of a room.

Space for small group lessons by the teacher and assistant teacher should be located in the quietest parts of the room in order to decrease distractions as much as possible during instructional periods. Usually these areas are most suc-

Chart 1
Room Areas

Large Group Area: Motor activities, music, snacks, rest period

Small Group Areas: Group size = _____

- Housekeeping or Make-Believe Area: household items, dress-up clothes, role-playing clothes
- Storytelling Area: pictures, books, catalogs, magazines, flannel board
- Manipulative Area: puzzles, stacking toys, pegboards, inch cube blocks
- Construction Area: blocks, building items
- Art Area: paints, paper, brushes, clay
- Science Area: pets, plants, other collections
- Lesson Area: areas for specific instruction by teacher and/or assistant
- Motor Area: climbing stairs, punching clown, softball
- Special Areas: specific to problem, such as auditory training unit
- Other _____

Individual Area

- Time-Out Area (quiet area with only a chair)
- Picture-Reading Area
- Manipulative Area
- Construction Area
- Art Area
- Other _____
- Special Equipment

cessfully located in corners of the room which provide two sound absorbant sides. Visual distractions are also reduced by seating the children with their backs toward the rest of the room. In addition, this allows the teacher to watch other children in the room while working with the small group. More than one such area may be needed if the assistant teacher as well as the teacher will be conducting planned lessons.

Space for small group or individual activity of a noisy nature, such as the construction or housekeeping areas, should be located as far as possible from quiet areas. Once the best places for quiet activities have been determined, areas for noisier activities can be planned. To provide a buffer zone, place areas for relatively quiet activities such as book reading, creative arts, or science between noisy and quiet areas. Figure 1 shows one example of room area arrangement.

DISTINGUISHING AREAS FROM ONE ANOTHER

Each area should be clearly defined and set off from the others. This can be accomplished through separation by distance; the use of bookcases, cabinets, or similar items as dividers; or the use of area rugs. When arranged appropriately, the effect is noticeable as one enters the room—the room looks like a large space divided into several smaller areas, not simply one large room filled with a lot of equipment.

Plan your room arrangement on paper before beginning to move furniture. Measure your room and reproduce an outline on graph paper to save later rearranging. Cut out shapes scaled to the furniture from a second sheet of graph paper. Place the furniture arrangement on paper with accurate measurements, and you will avoid finding yourself with leftover furniture at the end of moving.

OPTIMAL LEARNING THROUGH DECORATION

Once room areas have been determined and the major task of furniture arrangement is completed, attention should be directed toward decorating each area for optimal learning. Too much equipment exposed at one time is distracting and reduces the learning which can take place through use of specific items. Select equipment displayed on shelves to reinforce specific learning related either to unit content under study or skills being taught. For example, during a unit on body awareness, puzzles of body parts should be displayed, not puzzles of animals. The

storage space which is imperative in areas for small group activity may be provided by bookcases which also act as area dividers. Decorative use of the back of the bookcase can also be incorporated by covering it with colored paper and using the space for displaying the art work of the children. An alternative is covering the bookcase back with contrasting fabrics or contact paper to provide a tactile wall for learning.

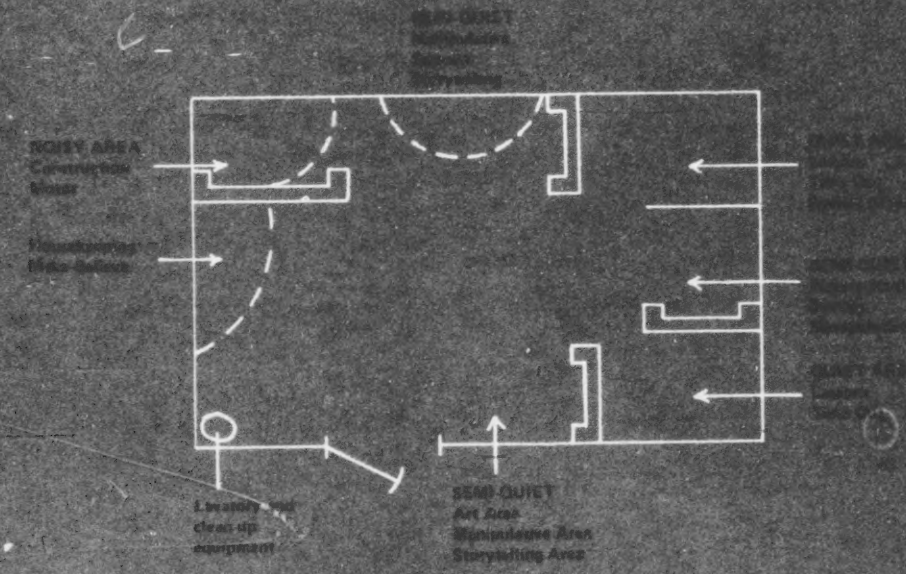
WALL, FLOOR, AND SHELF DECOR SERVE PURPOSE

All wall displays should have a purpose—reinforcing learning, stimulating new learning, or serving as a reward area for displaying the children's work. Children's pictures may be enhanced by the method of display. Use large colored sheets of construction paper to provide a mat for displaying pictures. Rotate the pictures in order to display the work of all the children rather than attempting to display all the pictures at the same time. A critical point to remember in decorating is that this is a room for children. All wall displays should be at the child's eye level. To check for correct placement, kneel down and pretend you are the height of your students. Can you see the pictures easily without having to tilt your head back?

Floor decor as well as wall decor can become very attractive with a little planning. In a tile floored room, small scatter rugs not only add color but also help define learning areas. Carpet installation leftovers, obtained from carpet sales companies, can be pieced together for small areas. If rugs are used, be sure they do not slip. Apply a double surface adhesive tape to fix the rug to the floor along all sides.

Add a decorative note as well as organization to the shelves which hold small pieces of equipment such as beads, inch cube blocks, and pegs. Commercial containers for such items are often difficult for the small hands to manage. Small boxes, plastic containers, egg cartons, and other containers painted in bright colors or covered with contact paper can be used to hold these items. In addition, color concepts can be reinforced by color coding or color matching items. Place all materials so children can easily see the contents of each box. Providing a specific place for each piece of material plus verbal encouragement by the teacher will help the children learn to replace items in their proper place.

Figure 1. Possible Arrangement of Areas



CLASSROOM ARRANGEMENT OF PRIMARY IMPORTANCE

During the school year, you and your students will spend more waking hours within the four walls of the classroom than in any other single space. The extra time spent as an Organizer, planning for the needs of your students; an Architect, planning effective use of space; and a Decorator, enhancing the visual appeal of the room, is time well spent when measured by the dividends of more effective teaching and learning.

ONCE WE THOUGHT THEY WERE MENTALLY RETARDED

by
Merle B. Karnes
and
R. Reid Zehrbach

How often have you said, "Jimmy learns slowly, but once he has learned, he really remembers," or "Mary knows a great deal, but she has trouble telling others what she knows," or "Ricky seems alert, but he just doesn't seem to know how things go together--a sock with a shoe, for example."

All three of these children may have underdeveloped language skills or problems learning language.

In Jimmy's case, he may have difficulty receiving information through the usual channels--eyes, ears, and touch. However, he has the ability to retain and use information once he has received it.

Mary, on the other hand, has no difficulty receiving information through her senses, but she does have problems saying what she means.

Ricky can receive information and express himself, but he has difficulty associating, drawing conclusions, generalizing, and inferring from things he hears, sees, and feels.

Why do children have such language problems? What can you as a teacher do to help?

TWO WAYS TO HELP

There are two considerations teachers must take into account to help children grow in language development. One has to do with promoting general language growth in all children. This entails providing a balanced language program in which all children are challenged to develop in the receptive, associative, and expressive areas. To achieve this, the teacher must plan a balanced language program on a daily and weekly basis.

The second consideration is to identify and provide special help for those children who are having difficulty with language development.

Why do some children have problems learning language? There are two reasons. One has to do with lack of opportunity. Children from low income homes, for example, often have not acquired the language skills necessary to be successful in school because they have not been taught at home. These children enter kindergarten or first grade ill prepared in language. Further, the school program oftentimes fails to respond appropriately to the problem. The result for the child is additional language retardation and subsequent school failure.

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Lack of language stimulation is associated most frequently with low income families, but occasionally children from middle and even upper income homes are not exposed to good language models to help them develop on par with their ability.

A second reason for language retardation may be associated with neurological problems. Such children have learning disabilities in the language area and need specific remediation. Perceptive teachers can detect these children and can help them by planning remedial programs.

Incidentally, there was a time when children who functioned poorly in language were considered mentally retarded. Recent studies, however, have pointed out that many of these children have good ability to learn when taught properly. The preschool years are the most important years for stimulating a child's growth in language, but much can still be accomplished during the early elementary years.

OUR APPROACH

Many approaches have been developed to teach language to young children. One successful approach (see Karnes, Zehrbach, & Teska) organizes children into small groups. Children play multisensory games--matching sounds with pictures, identifying missing parts, dramatizing stories, and ordering pictures in sequence.

Teachers provide positive feedback to children by commenting on the appropriate language behavior. For example, if the teacher shows Mary a picture of a ball and Mary says, "The ball is blue," the teacher would probably say, "Yes, the ball is blue." Then she might expand the child's comment by saying, "It is a big blue ball," or "A ball is fun to play with," or "You can bounce a ball."

A unique feature of this approach is the use of the model from the Illinois Test of Psycholinguistic Abilities to guide instruction. Although there are 12 components in this model, only 6 major areas will be discussed in this article. These areas can be divided into three subareas--reception, association, and expression.

RECEPTION

Reception refers to a child's ability to receive information through his ears and eyes.

Auditory Reception

When observing hearing skills, note which children are best and poorest in following oral directions, identifying sounds in the environment, attending to stories, and responding to rhythms.

Try these activities to promote auditory reception. Play a game such as "Simon says" to give children opportunities to follow simple directions. A

variation is to combine simple directions with a simple tune such as "Here We Go 'Round the Mulberry Bush." In this case, the child's auditory reception will improve because he is required to distinguish the directions from the melody.

Make up a story and insert something that does not belong. Have children listen carefully and identify the part that is "funny" or does not belong.

For example, tell a made-up story about a cat. In some part of the story say, "The cat barked and barked when he saw the little girl." A variation is to have children raise their hands every time they hear a color in a story, "The white horse ran in the green grass."

Ask children questions that require a "yes" or "no" answer: "Do cows lay eggs?"

Visual Reception

Children's strengths and weaknesses in visual reception can be noted by observing how well they recognize identical patterns, match identical pictures, identify actions or events in pictures, recognize their belongings, or point to unusual elements in a picture such as duck's feet on a rooster.

There are many activities to promote visual reception--commercial games, for example. The Milton Bradley Company has several such games. "Forest Friends" is one. This is a spinner game in which players match the animal pictures on the big spinner with identical pictures on the game board.

Another visual skills game from this same company is "Candy Land." In this game, each child draws a card and moves his playing piece to corresponding color or object square on the game board.

Object sorting is another good activity. Egg cartons or small plastic trays can be used to sort objects that are alike--by color, kind, or size. Other visual skills activities include labeling objects in a picture.

ASSOCIATION

Association refers to a child's ability to organize, reorganize, and relate concepts in many ways.

Auditory Association

To determine strengths and weaknesses in auditory association, note how well children associate familiar sounds with objects. For example, if you say "Moo!" the child is expected to say "Cow."

In another activity say, "I'm going to say three words. Two of them belong together. Tell me the two words that belong together: 'Blue, boat, green,' or 'Horse, cow, elephant.'"

Riddle games are good to foster auditory association. One such game is, "I'm going downtown. First, I am going to a store that has oranges, potatoes, lettuce. Where am I going? Next, I am going to a store to get something to put on my feet. Where am I going?"

Play a "What If" game. "If I fell down and broke my leg, what would I have to do?" "If the lead in my pencil broke, what would I need to do?"

Analogies can also promote auditory association. "I put water on the stove so it will get hot, but I put milk in the refrigerator so it will get _____?"

Visual Association

To determine how children function in visual association, use activities like these: Give a child a cartoon that is cut up in three or four parts and have him arrange them to tell a story. Give a child a simple mechanical toy and have him put it together. Have him sort pictures of furniture according to rooms. Ask him to associate a part of an object with the object--a wheel with a car, paddle with a boat.

Commercial games are available to promote visual association, such as Playskool's "People and Jobs." This game contains pictures cut into two interlocking pieces. One piece represents a person at his work; the other shows an object related to a particular job. This game lends itself to small groups or to individual activities. Another Playskool game is "Animals and Their Homes." The children match animals to the appropriate homes.

From magazines, cut out pictures that can be grouped together and paste them on cardboard. For example, pictures of things (a) that are red, blue, etc., (b) that you wear on your feet, (c) that make noise, (d) that are soft, (e) that you can eat, (f) that you can drink, etc.

Have a series of objects in a box. Put four objects on the table and have children identify one that does not belong. For example use a circle, square, rectangle, and boat.

EXPRESSION

Expression refers to a child's ability to communicate his ideas to others either verbally or physically.

Verbal Expression

To determine children's ability to express themselves, observe how they respond at show and tell time, how they participate in a discussion of a field trip, and how they describe a picture. Children who give interesting, colorful, and clear descriptions--rather than reciting physical or factual data--are more advanced.

Throughout the day, teachers should plan activities that encourage verbal expression. One activity would be to have a child look at a picture and tell all he can about it. Another version is to have several children look at a picture and have each child in turn tell one new thing about it.

In a grab-bag type game, objects are placed in a paper bag. Then each child draws one object out without the other children seeing it. He makes a riddle about the object for the others to guess.

Asking each child to tell a story about a picture he has painted encourages verbal expression. Pictures cut from magazines that stimulate imagination are good for eliciting verbal expression. Cuing children to tell what went before and what is to follow helps structure their responses.

Make up the beginning of a short story and have each child finish it.

Encourage children to express themselves by asking such questions as, "What does red make you think of?" and" What did you do over the weekend?"

Manual Expression

To determine how well a child expresses himself manually, use musical games like "Looby Loo" ("Put your right foot in, put your right foot out. . ."), or fingerplays like "Itsy Bitsy Spider." Have children walk like certain animals (elephant, kangaroo, duck). Observe how children are able to act out portions of a story--"The Three Little Pigs," for example.

Activities to promote manual expression might involve gathering a collection of items that lend themselves to acting out their use. Place the items in a box and have each child draw an object and give it to the teacher without other children seeing it. Now have him act out how the object is used. Examples are a comb, toothbrush, lipstick, hammer, pencil, and saw. A variation is to have the teacher whisper the name of an object to a child and have him act it out.

Music activities also lend themselves to motor expression. The teacher may ask children to listen to music and pretend they are birds, soft snow, a bunny hopping in the forest, etc.

A game called "Show Me" is good to encourage manual expression. This game can include directions such as "Show me how you would look if someone hit you. What would you do if you were playing ball?"

BALANCED APPROACH

Frequently, teachers tend to rely too heavily on activities that are easy to teach or on materials that are readily available. You can avoid these pitfalls by using this model and checking how much time you spend on each component. Once you are certain that you are using a balanced approach, observation will reveal what children do best and poorest in each area. Careful planning will then help you meet the needs of each child.

If you use this model, you may say, as one teacher said, "After two months, I know my children better than I used to at the end of the year!"

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NONVERBAL MESSAGES

A MEANS TO VERBALIZATION

Judith Bloch

Nonverbal Messages—

A Means to Verbalization

Fostering language comprehension and stimulating speech is a major part of the school's program.

JUDITH BLOCH

■ Meet Mickey—a 7 year old who was a pupil at Pre-Schooler's Workshop in Garden City, New York until September 1971. In 1968 when he first entered the Workshop, a therapeutic nursery-kindergarten program for children with severe language problems, Mickey was 4½ years old. He is typical of the children in the program. Each child who comes to the Workshop has difficulty with language and communication. Some are completely mute, indicating need by gesture and meaningless sound. When a child is verbal, his speech is not always meaningful or used for communication but rather is incoherent and mechanically repetitive. Fostering language comprehension and stimulating speech is a major part of the school's program. The children at the school have diagnoses of mental illness or neurological impairment in combination with functional retardation. Their social, emotional, and intellectual functioning is severely impaired and primitive.

At the end of 3 years at this school, Mickey has made striking gains. He is now a talking, communicating child; he is totally and easily verbal, using complete sentences to express his thoughts. He is able to cope with and control much of his inner turmoil and is almost always able to tell of rather than act out his distress. He is now a laughing, happy, little boy who jumped up and down on his return to class after the Christmas vacation and said to his teacher, "Irene (Irene Craft), this place is beautiful." Around that same time, when told he would be going to a neighbor's birthday party, he asked his mother if all the children at that place would talk, since a lot of the kids at school did not.

Mickey's experience at Pre-Schooler's Workshop has been similar to that of many other pupils. Through his story many of the Workshop techniques for language development are well explained.

MICKEY HAD A BAD START IN LIFE

Mickey, born out of wedlock, was placed in a temporary foster home for the first 18 months of his life. At the end of that time his behavior was already conspicuously deviant and inappropriate. In an attempt to alter this behavior, diagnosed as a result of early deprivation and isolation, the county social service department placed him with a new foster family, an older, childless couple in their forties. They quickly became devoted and attached to Mickey, their first child. If any criticism were to be made of this couple's care of this very difficult, hyperactive, unmanageable, unresponsive child, it was that they were too indulgent and permissive. But there is no question that the love and care they lavished on him aided and abetted the Pre-Schooler's Workshop program and ultimately helped Mickey achieve unanticipated but exciting gains.

Early medical diagnostic evaluations of Mickey differed. A psychiatric evaluation done April 12, 1966 when he was 3 years old was grim. It described him as "probably psychotic" and stated that the prognosis was "guarded." The reports also indicated that he seemed to be suffering from an "adjustment reaction of childhood manifested by hyperactivity, failure to speak, and possible childhood psychosis." One report em-

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. . . the prognosis for children without speech by the age of 5 is grim.

phasized that Mickey's behavior and lack of speech appeared to be the result of early psychological isolation and confinement, rather than organicity. Yet the neurologist saw Mickey as a child who "showed evidence of autistic withdrawal in association with signs of significant organicity."

When Mickey was 4½ years old, increasing concern about his retrogression led to a prescription of medication to "reduce his severe and uncontrollable hyperactivity." This was the time when a referral to Pre-Schooler's Workshop was made.

MICKEY GOES TO SCHOOL

When Mickey began at the school, he was profoundly disturbed, functioning on a severely retarded level. He was essentially nonverbal, using no speech to communicate. Occasionally he said a word or two, but mostly he grunted, screamed, or pointed if he wanted something. Mickey's behavior presented his teachers with numerous and constant management problems. His play was wild and aimless. Hyperactive and assaultive, he needed constant physical controls, or he was apt to run around the room frantically, run out of the room, bang his head on the floor, throw toys from the shelves and tables, grab toys from other children, push or bite other children, or simply scream.

If his wish to have something was not immediately understood and gratified, he again reacted, noisily and violently. He would hit another child with great force (using fists or chairs) and often spit in the teacher's face. At other times he did not relate to the others in the classroom, and he was unable to respond to directions in any appropriate controlled manner. His attention span for individual play was short and his participation in group activities minimal. An unhappy child, most of the time he was raging, and unable to attain any satisfaction, relevance, or pleasure from people or things. When he was moderately upset or angry, he shrieked and jumped up and down, and when terribly disturbed, he made loud, howling sounds and raged about in a wild, animalistic manner.

LEADING A CHILD FROM FRUSTRATION TO VERBALIZATION

Eisenberg and Kanner (1956) and Brown (1970) point out that the prognosis for children without speech by the age of 5 is grim. Therefore the staff at Pre-Schooler's Workshop puts the child immediately into the classroom. The classroom experience is seen as the prime instrument for change. The form is similar to that described by Halpern (1970), although the Workshop approach differs. The Workshop premise is that speech stimulation must take place close to the chronological and developmental timetable for its emergence to be most effective. The therapeutic nursery-kindergarten presents an alternative to the traditional therapies and the newer behavior modification techniques.

After 5 years' experience Pre-Schooler's Workshop has evidence that the classroom setting, therapeutic in nature, may be the most effective approach in dealing with certain kinds of nonverbal children. The therapeutic nursery is considered the most important program in stimulating speech. This program can saturate the child with specific individual and group experiences

designed to promote language comprehension and development.

The staff begins the speech stimulation program by engaging the child at his level of language development and use. After the initial school adjustment has been made and the staff has become more familiar with the child's functioning level and characteristic behavior, certain patterns become more apparent, among these the speech avoidance patterns.

The staff's initial attempts to establish contact with the child focus on detecting and understanding many nonverbal communications. At first they relate to and do for the child on this nonverbal basis in the interest of making themselves more necessary and important to the child. Gradually, however, they attempt to elicit more verbalization. The teacher will begin by giving the child the words he needs for conveying his most urgent messages, messages that may have first been communicated nonverbally.

Before the speech stimulation program can make substantial progress, the child has to be able to attend to and comprehend some language. Since Mickey was extremely hyperactive and did not follow directions or suggestions, it was difficult even after careful observation and conferences with his mother to accurately assess the nature and extent of his comprehension. It was not always clear if he did not understand, did not hear, did not choose to indicate comprehension, or did not wish to comply.

Since almost every child's comprehension is inadequate, episodic, or unreliable, the classroom program is designed to foster comprehension. Along with the usual nursery school techniques that help children develop language skills (Karnes, 1968), the Workshop staff also uses some special techniques. They work to achieve eye contact. They reduce the complexity of language; initially single words or short phrases are used. Staff talk is always meaningful and concrete. Extraneous conversation is held to a minimum. Conversation about the child, not meant for him to hear and understand, is not used.

Staff and classroom objects that can be seen and touched are named repeatedly and simply. Where possible and helpful, objects, props, or gestures are used along with words to make meanings more explicit. Simple phrases are used to describe each ongoing activity or to prepare the child for the next activity. Thus comprehension becomes valuable to the child, since it clues him into things that will happen to him. Since most of the children have difficulty coping with change and are quite distressed at transition, this can become another incentive to understand.

WORDS BEGIN TO REPLACE NONVERBAL COMMUNICATION

Frequently in the classroom it is obvious that a child is communicating nonverbally a message that is important to him and about which he has strong feelings. This is a good time for the teacher to give him a simple word with which he can verbalize his message. The child is taught in many direct and subtle ways that words have more power than other ways of communicating. He is helped to realize the possibilities language and speech have for more immediate gratification and control over himself and others, as well as relief from anxiety. In order to do this the teacher has to become sensitive to the child's nonverbal clues and understand which of these emotions moves the child. Then an educational program is fashioned that uses these feelings to motivate the child to substitute words for acts.

Mickey, who was almost always either negative, angry, or demanding, was given the words to verbally convey these feelings and was constantly encouraged to use the words to express those feelings rather than act out. Words such as "no," "stop," "go away," "don't want it" were suggested to him when this was clearly what he meant. As the teacher responded more quickly to verbalization than she did to acting out or grunting, he gradually began to realize the power of speech. Mickey, a child for whom gratification was so important, was enticed into the use of speech when he experienced the power words had. Later he was constantly reminded, "If you tell me, I know what you want." His ear-

The staff begins the speech stimulation program by engaging the child at his level of language development and use.

They work to achieve eye contact. They reduce the complexity of language; initially single words or short phrases are used.

Staff and classroom objects that can be seen and touched are named repeatedly and simply.

ly vocabulary clearly reflected this approach. His first clear words used most often and spontaneously were "no," "don't," "stop it," and "get it."

PLANNING INDIVIDUALIZED FOR EACH CHILD

For each child a specific, individual plan is conceived and programed that will induce him to substitute verbal for nonverbal ways of communicating. A set of priorities and shortterm goals help determine this plan which is fashioned by answering such questions as "What does this child most need to know now?" "What is he able to learn now?" and "How can we help him do this?" Since the primary objective for some children is to help them acquire speech, other kinds of behavior may sometimes be temporarily disregarded in the interest of the higher priority, speech acquisition.

One 3 year old, Paul, was initially unable or unwilling to remain in the classroom when he first began school. All of his energy, time, and attention were focused on the door and the moment it would be possible for him to run out. We used this child's sense of urgency about getting out to help him learn his first word "out." As Paul stood at the door, agitated, mutely pleading to get out he was told the word "out" would get him out. While the ultimate objective was to keep the child in the classroom, the immediate consideration of speech temporarily overrode that concern. As Paul's panic subsided, his comprehension gradually improved. It became possible for him to remain in the room for longer periods of time. Within months of beginning school, he was prevented from leaving the room and no longer agitated by this. By that time he had enough understanding and words to know he could go "out" after juice or the next song. The teacher's delay in dealing with his running out was well worth the language gains he made.

The teacher's skill in understanding which of the child's nonverbal messages seems most urgent to him and which is a suitable word he can use to convey this message is an important initial technique. She designs her program around this technique in order to enable the child to have an experience which will motivate verbalization. For Mickey, who desired immediate gratification, designing the program that would let words help him obtain things was a first step. A program was designed that gave speech acquisition the highest priority and left for a later time areas of behavior such as his hyperactivity that also called for controls.

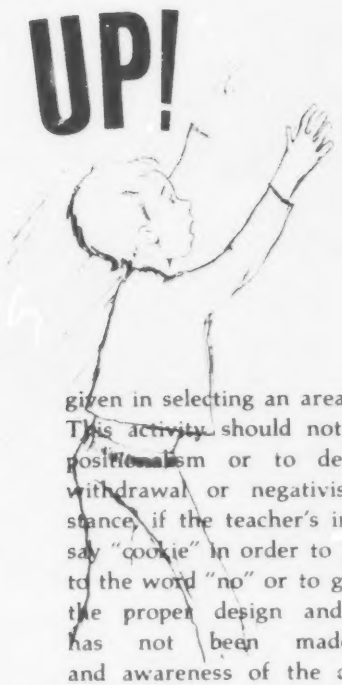
Through this same method, other children acquired other first words. For one little boy to whom food was important, "cookie" was his first word. For John, a child eager to be picked up and held, "up" was the word which he substituted for a soundless arm gesture.

In programing for speech, care should be

The child is taught in many direct and subtle ways that words have more power than other ways of communicating.

The teacher responded more quickly to verbalization than she did to acting out or grunting.

The teacher's skill in understanding which of the child's nonverbal messages seems most urgent to him and which is a suitable word he can use to convey this message is an important initial technique.



A verbal request or response, no matter how minimal and incoherent a sound rather than a nonverbal communication, is always rewarded with an immediate, positive response. . . .

given in selecting an area or activity for speech. This activity should not lead the child to opposition[illegible]sm or to development of further withdrawal or negativistic behavior. For instance, if the teacher's insistence that the child say "cookie" in order to get one leads the child to the word "no" or to give up the cookie, then the proper design and selection of activity has not been made. Proper emphasis and awareness of the concepts of timing are essential, so that the teacher's responses enable the child to understand and make the necessary connection between sound and meaning. This concept and its techniques as well as the importance of initial acceptance of word babble or sound approximation have been well documented in articles by Lovaas, Berberich, Perloff, and Schaeffer (1966), Stark, Gidden, and Meisel (1968), Kerr, Meyerson, and Michael (1966), and Schell, Stark, and Gidden (1967).

The teacher must always hear words rather than mute gestures. A verbal request or response, no matter how minimal and incoherent a sound, rather than a nonverbal communication is always rewarded with an immediate, positive response from staff who are always interested in encouraging verbal rather than nonverbal responses. The child who asks to "go out" is permitted to leave; the child who asks for a "cookie" receives one even if it is not snack time. The child who says "up" is picked up. By contrast, a child who has mutely refused to participate in a circle game may be coaxed or taken by the hand to be further persuaded. However, if that same child then speaks and says "no," the teacher discontinues her persuasive efforts immediately, permitting the verbalization to have special power and more meaning than a mute communication.

In general the Workshop emphasis is always on communication, similar to the focus described by DesLauriers (1969). The Workshop staff, however, is more specifically focused than is he on the mechanics of speech development. An important consideration in adapting this technique is not to overanticipate, understand, and meet all the child's nonverbal messages. In the interest of developing a relationship with a child, the sensitive, perceptive teacher may sometimes stifle the child's attempts at and necessity for verbalization. An important skill is the teacher's ability to perceive the child's capacity for frustration without long-lasting damage to her relationship and her ability to anticipate the child's capacity and readiness for verbalization and then to help him take the next small step.

VISUAL AIDS AND SPEECH GO TOGETHER

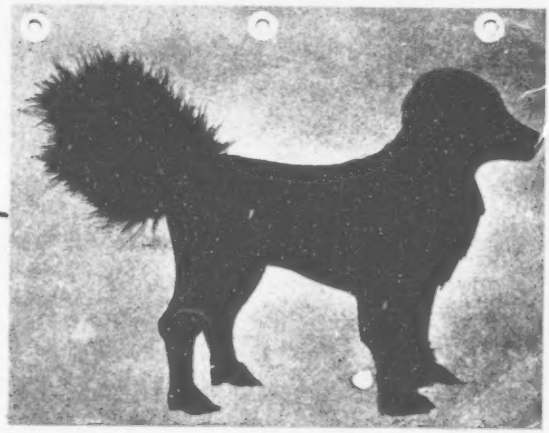
A new way of presenting visual materials has been developed for those children who do not attend. Special materials prepared for the children are used as the beginning books, all designed to stimulate greater awareness and comprehension. Each class has "touch and feel" books as well as picture books with photographs of each child and the staff persons in that room, with the name written on the page or the picture itself. For some children special individual books are prepared which have photographs of that child in typical, favorite, or problem activities. Underneath the picture, the child's words, if he has any, are written to describe the activity. One child who recently acquired a few words was given a book with these words and the pictures to illustrate them. Another child who had only one word "man" has a book with that word for the basis. A book with pictures of many different kinds of men was prepared for him. There are also books of pictures with simple, representational pictures of people, just faces, families, foods, toys, and games with the identifying words written in large, clear print underneath or on the subject itself.

Since these books are relevant, they are sometimes more successful in getting the attention of the children. They also convey information that is meaningful and important for the

child to learn. They can begin to help the child overcome the serious handicap of retardation which can interfere with later adjustment as much as any emotional or behavioral problems. Havelkova (1968) points out that childhood psychosis results in intellectual defecits which can only partially be prevented by psychotherapy. Possibly the early focus on the educational needs of these children along with attention to their emotional needs will alter this course.

SPECIAL SONGS MAY BE IMPETUS FOR VERBALIZATION

Music is an important part of the speech stimulation program. It is one of the few activities that almost all the children respond to with some reliability and enthusiasm. Certain music with strong rhythms often gets the attention of the children much more effectively than does speech. For this reason we try to maximize each musical experience and build on the child's interest in music. We use music time and the songs themselves to teach the concepts the children need to know and which they resist learning in other situations. Nonsense songs and most nursery rhymes or songs without content that is relevant and meaningful for the child are not included.



Staff members have revised old familiar school songs and, where necessary, created special songs that teach. These songs name staff and children. They identify body parts and clothing appropriate for each body part and describe simple classroom activities. The songs are designed to help the children achieve a sense of self and to learn their own names and the names of their classmates, as well as to help with reality orientation. A song such as "Put Your Finger on Your Nose" is simplified and is one in which the child's body parts are named and identified, also pointed to and touched, as a way of further emphasizing the connection between body part and word. This physical touching and intrusion is described by Bloch (1970) and DesLauriers (1969) as needed to direct the child's attention to the part of the body and the musical game on hand. Music leads the children to imitate many of the songs learned. Since most of the children do not generally imitate sound, the technique is important in encouraging imitation as a method of helping them acquire information.

TOYS USED AS ENTICEMENT

At times special toys, food, or objects of particular value were deliberately placed in view but out of reach of the children. This technique was of value to a child who was developed enough to want something and also capable of sustaining the frustration involved in verbalizing to get it. Such children may be indicating nonverbally, pointing or more typically at the beginning using their teacher's hand to point to their object of interest. Gradually the teacher demands more verbalization so that the child must begin to make sounds to get what he wants. The goal is to substitute the word for the act. This approach was of value with Mickey who wanted the food and toys of interest clearly within his view. He needed the teacher's assistance to obtain them, and with the demand (gradually more and more insistent) that he talk to get them, he did.

KEEP THEM TALKING

The children are notorious for acquiring words and then losing them or not using them. Some use words reluctantly and rarely, even when they have acquired some meaningful, useful

speech. They still prefer silence or nonverbal kinds of communications. For these reasons, games and techniques which entice them to speak spontaneously and readily become important, especially at the time that speech is beginning. Talking must be pleasurable and effective. A positive teacher response to words is effective, as is group or individual singing, which for some children is the transition from silence to talking. At this time songs that require a sung response from the child may work, i.e. "What's your name?" "My name is Mickey." Increased demands for verbal responses from the child capable of making them are appropriate at this time. The teacher's imaginative use of telephone games, tape recorders, and walkie talkies may be helpful in aiding and abetting more spontaneous speech.

MICKEY BEGINS TO CATCH UP

By the time Mickey was 6 years old, he knew the days of the week. He learned them because of an error made by a well intentioned volunteer who promised to bring him a gift for knowing the days, unaware of his inability to wait and his ignorance of the days of the week. His alert teacher took this opportunity to teach him the days of the week. It was evident that the emotional life of Mickey changed. He began to have warm, loving feelings, an awareness of others around him, and the capacity to tolerate the frustration of waiting and to learn while waiting.

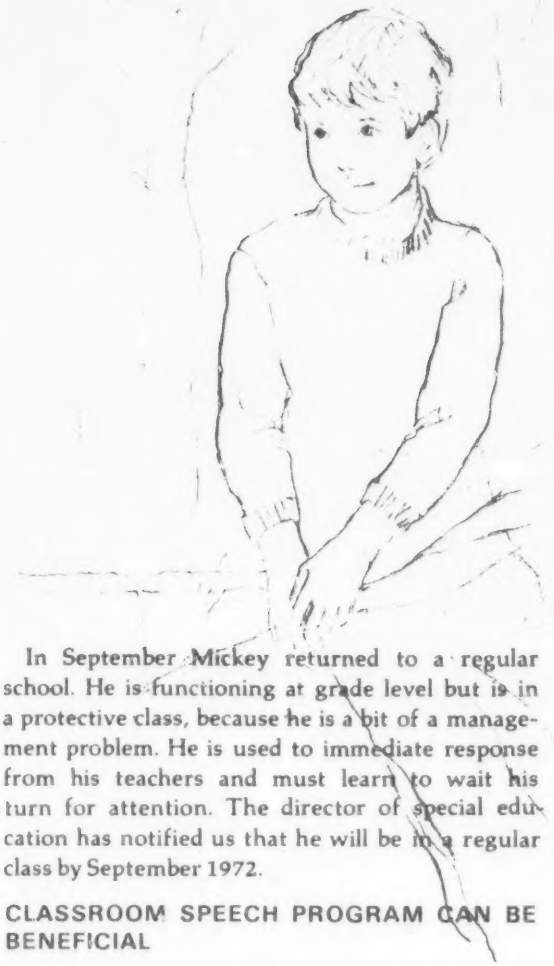
The strides he made were evident both at home and at school. He was no longer an enormous management problem in the classroom. His gains in the area of emotional controls were great. There were only occasional difficult periods which were much less intense.

The results of the most recent psychiatric and psychological examinations were impressive and were an objective record of his gains as compared with his earlier behavior when he could not even be tested formally. Mickey, on the date of the last psychological testing, May 8, 1970, was "testable" and "not mentally retarded." The psychologist who saw him recorded the following test results: *Stanford Binet Intelligence Scale* (Form L-M)—M.A. 5-11; IQ 89. Wide variability was noted in his achieving a Basal Level at year IV, with frequent successes thereafter, including his passing five of six subtests at year VI and finally achieving a terminal level at year IX. Early failures appeared due to both the concreteness of responses noted before, as well as a certain degree of impulsivity also related to his anxiety. Yet he could be prodded into more productive responses. The results were minimal indication of a greater potential. There was little to indicate any thought disorder except for his variability with Opposite Analogies, which he passed at year VII and failed at VI. His gains in terms of academics and, more importantly, emotional control were exceptional and led the examiner to feel that he was ready for a somewhat more academically oriented situation.

The most recent psychiatric evaluation (May 1, 1970) also confirmed the teacher's observations and reported that "he is curious and has good attention span in the things that interest him. There are no indications that he has any hyperactive syndrome. . . . He has a range of feeling tone, but there is some restricting with this together with a striking, concrete attitude about some things that points not only towards some degree of immaturity (though far less than in the past) but also towards the possibility that a mild schizophrenia is present."

In class his teacher reported the following: His play is no longer aimless. He uses scissors, clay, paste, puzzles and easel paints purposefully and appropriately. He plays imaginatively with trucks, cars, blocks, trains, and tracks. He is interested in the concepts of time and growth. He is learning to tell time. He asks what time it is when he arrives at school and wants to know if he is the first or last child in. He now understands such concepts as first, second, next to last, and whether he is late or early. He understands what yesterday and tomorrow mean and is familiar with the calendar. One day he said, "Today is March 11."

Mickey at 6 years of age was reading on first grade level. His sight vocabulary increased steadily each week. He had good number concepts. He understood simple subtraction and could add combinations of numbers 1-20 using the form 4 + 6 = _. If he couldn't do the example mentally, he was able to figure it out on our chalk board and place the answer correctly. Most important, Mickey was becoming more like other boys his own age; he began to care about whether or not his teacher was pleased with him. When he had been too noisy or destructive, he quickly and contritely attempted to make amends by patting his teacher's cheek and watching her carefully to see if she was angry with him. A simple reminder by the teacher was usually enough to enable him to control his outbursts and verbally tell her of his distress.



In September Mickey returned to a regular school. He is functioning at grade level but is in a protective class, because he is a bit of a management problem. He is used to immediate response from his teachers and must learn to wait his turn for attention. The director of special education has notified us that he will be in a regular class by September 1972.

CLASSROOM SPEECH PROGRAM CAN BE BENEFICIAL

Severely disturbed children without language ability can benefit from placement in a special nursery-kindergarten program at an early age, preferably 3 or 4 years. A classroom program, small in size, can saturate the child with many group and individual experiences designed to stimulate language.

The child is contacted and involved at his level of language and development and ultimately prevented from maintaining speech avoidance patterns through a series of techniques that impose themselves upon the child so that he cannot escape speaking out. An individualized program may be the most effective way of altering the nonspeaking patterns of schizophrenic and autistic children. The therapeutic classroom experience works for the child as does no other current therapy. When it fulfills its promise to the child, it is a real life experience which can undo, rebuild, and direct more immediately and successfully than other treatment programs.

A Time for Georgia

The story of one of the children at Pre-Schooler's Workshop is told in the award winning film, "A Time for Georgia," produced by the Workshop. This 16 mm film is in black and white with sound and runs 16 minutes. It presents the pathology of infantile autism and points out the value of early educational intervention. It sells for $110 and rents at $30 for 2 days, $10 each succeeding day, and $50 a week. Order from: Mr. Weikenfeld, Associated Film Consultants, Inc., 501 Madison Avenue, New York, N.Y. 10022.

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Materials for Stimulating the Speech and Language of Handicapped Children

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■ Materials for stimulating the speech and language of handicapped children are often sophisticated instructional aids and test materials. Most of these materials emphasize the necessity of the following responses in the development of oral language in the handicapped: phonating, sound making, imitating, naming, describing, grammar, sequencing, discriminating, classifying, spontaneous speaking, commanding, questioning, and verbal problem solving.

Although sophisticated instructional aids are available to obtain these responses, teachers often must face the reality of limited availability of funds for the purchase of tests, workbooks, and other instructional materials. Rarely are there sufficient funds to purchase materials for the maximum stimulation and motivation of each child. There also exists the perpetual problem that materials are not always available when needed. The teacher is then unable to continue or finish a specific project. It is, therefore, imperative to have some appropriate materials readily accessible which can elicit the proper speech responses. It is believed that teachers can provide such materials at a minimum cost, choosing objects with which the child is familiar and comfortable.

Thirty special educators and speech and language therapists were asked to identify some readily accessible materials which they had used effectively to stimulate speech and language in young children. Some of these materials are presented here, with suggestions for their use. The suggestions will provide the classroom teacher with an opportunity to develop usable materials with a minimum concern for accessibility and cost.

Eliciting Proper Speech and Language Responses

□ The teacher who wishes to promote language development in a handicapped child should give the child every opportunity to develop proper oral responses.

Phonating, sound making, and imitating. The teacher should let the child experience and experiment with changes in speaking rate, quality, and pitch. The child should experiment with pronunciation of individual sounds, and be given the opportunity of using these sounds in short words, phrases, and sentences. He must be taught to discriminate between sounds that are similar and to blend sounds. He should be taught to imitate sounds, initial, middle, and final consonants, words, phrases, actions, and movements.

Naming and describing. The child should be taught to name items and objects in his immediate environment, as well as objects not immediately tangible, i.e., the sun, the moon, the sky. The teacher should help the child to understand that an object can have more than one name or that some things, such as people and pets, can have specific names. The child should be taught to describe objects in terms of size, shape, color, texture, and sound.

Grammar and sequencing. Time should be devoted to practicing correct grammatical expressions, to discussing incorrect usages, and to listening to more acceptable ways of speaking. The child should also be given the opportunity to develop a concept of the sequence of ideas and words. The teacher can develop the idea of sequence by having the child use words he has learned to describe real or imaginary events.

Discriminating and classifying. The child should be able to verbalize observations of similar and different items. The child should be taught to classify items using abstract words. He should be able to categorize both inductively and deductively.

Spontaneous speaking, commanding, questioning, and verbal problem solving. The child should be given every opportunity to express his ideas freely at home and at school. He should be allowed to lead the class in activities involving verbal commands, and to phrase questions to the teacher and to other children. He should be able to verbalize the solutions to simple problems.

Materials Used to Elicit Proper Responses

☐ In order to help a child develop the proper responses, the teacher can use inexpensive or readily available materials with which the child is familiar. The following suggestions illustrate some possibilities in everyday objects for teacher use.

Clothing. Attention can be focused on the clothing the children themselves are wearing, on doll clothing, and on pictures of clothing. Naming can be practiced by teaching the child the names of various pieces of clothing and parts of clothing. Shapes and differing textures of clothing can be discussed to develop a child's descriptive abilities. Description can also include the uses of clothing. Initial sounds can be exaggerated to strengthen the child's articulation of sounds.

To aid in classification and discrimination, clothing can be associated with specific body parts, with varieties of weather, with family members, and with the sexes. Spontaneous speaking about clothing comes more readily when children are allowed to dress dolls and puppets and talk about these activities.

Flannel. Flannel materials are useful for devising matching games to improve a child's ability to discriminate colors, shapes, letters, and words. In another game, an object can be removed from a flannel board grouping. The child is asked to name the object that is missing. Correct grammatical responses may be taught by having a child construct sentences from words placed on the flannel board. A child could also practice sequencing by arranging flannel pictures to tell a story.

Body parts. The child should be taught to name, classify, and describe the various parts of the body. The concept of size can be stressed as follows: legs are bigger than fingers, fingers are longer than toes, etc. A child can lead the rest of the class in such activities as sitting, standing, walking, jumping, and skipping. He can match different parts of his body, i.e., eyes, ears, nose, with those of his classmates to develop discrimination. Imitation can be practiced with a favorite game—"Follow the Leader."

Rubber ball. The child can develop phonating ability by bouncing a rubber ball and articulating a specific sound until the bouncing stops. The initial sounds of "ball" and "bounce" can be stressed, for example. Imitative behavior can be taught by having children watch each other catch, bounce, and throw the ball. The child should be encouraged to tell about what he is doing.

Magazines. An interesting and colorful magazine picture can help a child develop spontaneous speaking and describing. The teacher can show the child various pictures and have him classify the items into such abstract categories as having four legs, being made of wood, being smaller than a person, and being red. The child can look for pictures of objects, persons, and situations and associate them with certain words or phrases. A series of pictures can be cut out and mixed up, so that the child can put them in sequence.

Clay, silly putty, or play dough. The teacher can direct the child to press clay or silly putty on a picture to obtain an imprint. The solution to the problem of how to make a copy of the picture can be verbalized. The child can mold the clay into various shapes representing different sounds. To develop spontaneous speaking, the teacher can have the child stretch a piece of clay, talking until the clay breaks. Or, the child can repeat a certain sound while the clay stretches. An interesting exercise in verbal problem solving might be a discussion of why "silly putty" is so named. To assist a child in developing the concept of sequence in sentence building, the teacher can have a ball of clay represent each word. The child then puts his finger on the corresponding ball of clay as he repeats a sentence.

Sandpaper. Discriminating between textures can be practiced by using various weights of sandpaper. Sounds can also be identified: the rubbing of sandpaper against wood, for example, can be contrasted with other rubbing sounds. To develop descriptive ability, the teacher can encourage the child to tell about the texture and effect of the sandpaper. A problem to solve verbally is how the rough sandpaper can make something else smoother.

Colored paper, index cards, or oak tag. Simple puzzles made of oak tag can help develop verbal problem solving ability. If a child directs another child where to put the pieces, his facility in commanding is also increased. Airplanes and other objects can be made of paper, and the child can be asked to describe each step of the process.

Food. Different foods can be used in naming and describing colors, shapes, textures, and purposes. Food can be served to children in a social situation to encourage spontaneous speaking. The child should be taught to discriminate between the various eating processes: chewing, sucking, swallowing, etc. The teacher can assist the child in preparing simple foods. Verbal problem solving can be encouraged by having the child describe each step of the process. Pictures of foods can be matched with the actual food to encourage correct naming.

Colored yarn and string. The teacher can have the child separate colored yarns according to length, texture, and color. Colored yarn can also be formed into words.

If each part of speech is given a different color, the child can develop grammar and sequencing ability. The child can be encouraged to practice phonating by unravelling a ball of yarn and speaking until the ball completely unravels. A simple game encourages verbal problem solving. Drop a piece of yarn onto a sheet of white paper. Then ask each child to describe what he imagines the shape of the yarn to represent, and to give his reasons for choosing that form. A walkie-talkie, made of waxed yarn and paper cups, encourages spontaneous speaking.

Empty containers. Playing store with empty containers helps the child to learn to name and describe items. Objects can be placed in empty boxes, while the child is asked to identify the objects by touch. Classification and discrimination can be developed by a discussion of the size, purposes, and contents of various containers. Sequencing and grammar can be practiced by constructing a toy train from empty boxes. Each car in the train represents a different word, and the child can be asked to arrange them in their proper order.

Conclusions

☐ Only the creativity and imagination of the teacher limit the number of readily available and inexpensive materials a teacher can use in stimulating the speech and language of handicapped children. Using familiar materials in daily programing has the added advantage of helping the child relate what he has learned to the things in the world around him. Even where more sophisticated materials are available, the teacher may find these common materials of great help in supplementing a speech program. As a child learns to work with common materials he will also become more proficient in controlling his own oral language.

TIX References

☐ If you plan to utilize some of the suggestions above, you might find it useful to review the activities and teacher prepared materials described in the following contributions to Teacher Idea Exchange (TIX).

TIX 3—An Aid to Teaching Concepts About Weather and Its Effect on One's Environment. Joanne Gilles. Vol. 1, No. 1.

TIX 10 –The Use of Correlated Media in Unit Teaching. Margaret H. Booker. Vol. 1, No. 3.

TIX 11—Preparing Overhead Transparencies from Magazine Pictures. Doris L. Welch. Vol. 1, No. 3.

TIX 17—Two Games for Blind Children. Diane Doorlag. Vol. 2, No. 1.

TIX 19—Relating Classroom Chores to Outside Jobs. Charles J. Kokaska and Alfred Schmidt. Vol. 2, No. 1.

SECTION IV

Staff Training

EFFECTIVE PRESERVICE AND INSERVICE TRAINING IN THE HEAD START PROGRAM

ALICE HAYDEN

JULY 1973

OCD/BEH

SEATTLE, WASHINGTON

Every trainer recognizes the need for effective training. But how can he guarantee effective training? Perhaps a guarantee is not really possible but one way to promote effective training, at least, is to base it on the needs of the trainees.

What problems are they having that training can help them solve? What skills do they have now, and what do they hope training will offer them? Answers to these questions can give the trainer the best guidelines possible for designing a relevant training sequence. Merely asking these questions will help to promote good training. By the simple act of listening to the trainees, the trainer conveys respect for them as individuals and for their ideas. By listening to another, we implicitly say he is worthwhile and what he has to say is worth hearing. A trainer who shows he expects to conduct his training with consideration for the trainees and their needs, both as workers and as individuals, has already done much to make that training effective.

Initially, training should concern itself with a basic understanding of the goals of the program. A thorough knowledge of the goals is critical if the activities of the staff are to assume any positive directions. Any human project involves a fundamental attitude towards the real. This fundamental or basic understanding gives an understanding of the nature of the project and its basic presuppositions. It becomes increasingly important as the year progresses for the staff members to have a thorough knowledge of the project goals if they are to truly assist the children in the development of needed competencies.

Preservice training in the Head Start Program is defined in the Head Start Manual of Policies and Instructions as the period of time devoted to the orientation of the staff prior to the opening of the Head Start Program. For the purpose of acquainting them with the goals and techniques of working with Head Start children. [1]

Preservice training should be carefully planned and extremely realistic. If the preservice training is to be efficacious, it must necessarily be a realistic response to the needs of the individuals involved in the training. A trainer can completely defeat his efforts by adopting subject matter and procedures that are at either extreme of the continuum. That is to say, a trainer can present materials that are so simplistic that they are an insult to the trainees or he can elect to present materials that are so sophisticated that he loses the trainees in the first five minutes of the presentation.

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[1] Head Start Manual of Policies and Instructions
6108-1 Page 18 1967

All training should be predicated upon need. Several preassessment techniques should be employed to accurately determine the needs of the staff. Training that is not predicated upon need has a tendency to become general and in many instances, an intellectual exercise that affords few opportunities for adapation in the classroom setting. Teachers should be allowed and encouraged to present their ideas of what should be included in their regular inservice training programs. In many instances, teachers are capable of identifying areas in which they have additional needs.

The needs of the staff continue to change and because of this it becomes the trainer's obligation to not become fixated on a given training program or method or presentation. The individuals who will participate in the preservice and inservice sessions during the course of the year will, in one sense, be the same people and yet, in another, be radically different because of the experiences they have had in the past year and those they are continuing to experience.

Several nationally recognized trainers have stated that the greatest challenge that might be encountered may not be the selection of materials or techniques, but rather gaining the confidence of the staff. Several of the issues mentioned earlier will partially provide the vehicle to gain the needed confidence. In addition, it is necessary for the trainer to become sensitive to the issues that will promote frustration and discouragement among the staff. An individual that is new to a project should not be flooded with a morass of complicated materials and procedures. A trainer can quickly lose the respect of the individuals that he is working with by applying the high pressure approach.

It is very important for the head teacher or trainer not to project his or her abilities onto the new staff member. What might be a realistic possibility for the trainer in the classroom may not be so for the new aide who is three hours old. When we tell people that "in a very short time you will be able to accomplish this and that and your students will have developed the following competencies," we are preparing the trainee for some frustrating experiences. The initial response by the trainees is that of marked enthusiasm. When the hours become never ending and the children do not cooperate or succeed as the trainer said they would, the trainee moves from enthusiasm to pessimism. This can stifle the "life" in a project and more importantly, in the individuals working in the project and being served by the project.

Teaching is a reciprocal activity. The teacher or trainer must always assume the posture of the learner. Trainees are constantly communicating information concerning the acceptability or nonacceptability of materials and procedures that are being presented. The trainer should become increasingly aware of the signs, verbal and nonverbal, that are being transmitted. Awareness provides the trainer with an ability to become attuned to the responses of the trainees and to make the appropriate adjustments when necessary.

Each training effort should contain a complete, carefully developed written account of the trainer's experiences and those of the trainees with respect to the areas in which success was experienced and the areas where difficulties and failures were encountered. Not only will this provide the

trainer with an immediate indication of the direction that the training has assumed, but also will provide informative data of decision making for further training.

When we, as trainers, respond to individual or group needs, we are choosing those needs to the exclusion of all others, and in doing so we are manifesting our respect, friendship, and love for the individuals being trained and for the children and families served by the project. This response seems to be the key to successful training.

THE UNIVERSITY OF TEXAS AT AUSTIN

Program for Staff Training of Exemplary Early Childhood Centers

for Handicapped Children

Jasper Harvey
Project Director

Anne H. Adams
Associate Director

P R E S E N T S

THE DISTINGUISHED STAFF TRAINING MONOGRAPH SERIES

AN ADMINISTRATOR'S SUGGESTIONS FOR A SAMPLE STAFF TRAINING PROGRAM SEQUENCE IN AN EARLY CHILDHOOD EDUCATION CENTER FOR HANDICAPPED CHILDREN

By

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Vol. I No. 2

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and

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PROJECT NUMBER OEG-0-9•531306-(031)

It is a formidable task to recommend a format for a staff training program which might be adapted to the needs of centers either planning or operating programs for the preschool handicapped child. Certain problems are apparent. Among these are:

1. The wide range of training and experience offered by the personnel of the centers.
2. Time limitations upon the staff training program.
3. The multiplicity of handicaps provided for in the individual centers.
4. The differences in availability of training personnel at the different geographic locations of the centers.
5. The limitations on available funds for staff training.

With respect to the first problem, the difference in the professionally trained offered by some personnel and the semi-literate state of others places the demands upon the program to meet these two extremes. With this in mind, as well as the other four problems, the logical conclusion is that as much time as is available should be devoted to the development of some general principles of action vital to all categories of personnel and applicable to preschool children regardless of the nature of their handicap. The experiences to be offered must be brought down from a highly theoretical plane and must be couched in elemental language. Time limitations dictate that experiences must be extremely practical and, at least in the first phase of training, must be applicable to all preschool children.

For this reason, the writer prescribes a forty hour program in general education principles from which one may take any part which seems to fit the personnel of their individual centers. There are certain basic facts common to the learning of all children, and it is these which must be the substance of the program.

Both the teacher and the learner need to know the purpose of their combined efforts. Such understanding on the part of both lends direction and purpose to their activities. Therefore, goals need to be established. It is recognized that certain elements are common to teaching and learning aspirations regardless of the range of ability or the degree or nature of the handicap of the child. On the basis of these elements goals can be stated generally and then certain behavioral manifestations outlined beneath these goals. Examples of such goals are:

1. Development of a wholesome self concept.
   a. Does the child recognize his voice?
   b. Does he label things about himself?
   c. Has he an image of whether he appears to others as "strong", "good," "bad"?
   d. Does he participate in dramatic play identifying himself as certain adults?

2. Development of acceptable social concepts.
   a. Is his play parallel or cooperative in that it is beside others or with others?
   b. Is play limited to himself, one other child, or a group?
   c. Does he share items or is he selfish?
   d. Can he await his turn?

3. Development of aesthetic concepts.
   a. Preschool children appear to prefer action and animals in art.
   b. Preschool children generally prefer music for relaxation.

Once goals have been determined, there is no reason to expect that centers will not reject, enlarge, substitute, rephrase, or expand them. The next step appears to be to develop a staff training program which will enable the participants to learn ways and means of achieving established goals. How may one expect to provide such training within the time limits available? With the assumption that such goals may be cooperatively ascertained within a 3 hour period, we have 37 of our prescribed 40 hours remaining.

The structure of the centers provides for individual testing and analysis of children. Too often such testing is a sterile operation, the results of which may be topics for discussion but are seldom prescriptions for action. It is necessary that some time be devoted to a discussion and explanation of the nature of such educational analysis. This is not to say that any attempt is to be made to instruct participants in the administration of evaluative or diagnostic instruments. However, time must be devoted to a discussion of the purposes behind the administration of the instruments, the types of information which the instruments may furnish, the accuracy or finality of such finds, the terminology which accompanies them, and finally the applicability of the findings to the children. Terminology rust be clarified on a highly selective basis with great care being exercised to be certain that the participants are not lost in the maze of unnecessary technicality. A three hour module should prove sufficient for this facet of the program.

Six hours of time have now been used. The remaining two hours of the initial day should now be allocated to dealing with individual or group discussions of questions which may be raised by individual participants. All of the consultative staff should be available at this time.

Teachers refuse to recognize that children's individual differences require emphasis upon independent activity. Staff training programs, however, normally set forth areas of commonality. This often results in little individualization. It is time to depart from this practice.

Physical differences are the most discernible in children of the same chronological age. The initial two hours of the second day should be used to outline differences in physical ability, strength, size, agility and coordination in preschool children.

The second two hour period should point out the psychological differences one might anticipate. This appears to be the area where the child psychologist should take the lead. Like the preceding discussion, this period should not only point out the differences but should also provide some general guides for action.

The third two hour session should point out social differences in preschool children. The final two hours should be followed by individual or group conferences with the consultants to explore areas of personal confusion and concern.

With great concern and with some reservations the writer prescribes that the third day be devoted to a discussion of theories of learning as applied to the preschool child. Great care must be exercised that this day does not become a field day for the exploitation of technical language and phraseology.

This is the day when one may decide to begin with a discussion of "associative sequences" in children's thinking. The consultant who makes this presentation must make it with the awareness that many of the participants will not have had professional training in theories of learning or of thinking. As the writer views the average preschool child, this is the method of thinking or learning which appears most common to the child of that age; however, there is an inherent danger in using such a term as the "average preschool child." Undoubtedly many children, with the probable exception of those who are mentally handicapped, will be able to form concepts; others will be able to solve problems; and others will be able to think critically and creatively. Fully six workshop or staff training hours may well be devoted to discussions in the general area of how preschool children think and learn. A two hour session to deal with group or individual questions will be most desirable and should be most beneficial The close of this day will not find that theories of learning have been exhausted. In fact, some such theories may have been little more than mentioned; however, hopefully the participants will have been made aware of the fact that there are ideas or formulas for learning which may be addressed to some form or organization for action.

The initial two hours of the fourth day should be devoted to the general area of community relations with great emphasis upon working with parents. The nature of the instruction involved in all centers will require a high degree of parental involvement. Four hours of the fourth day should be devoted to the demonstration of materials and equipment suitable for preschool children. There are many items which will be usable in their original form for both handicapped and normal children or which with slight modifications would be usable for handicapped children of preschool age.

Four hours of the fourth day will scarcely be enough to discuss and demonstrate equipment and materials available. The two hour followup session for group or individual questions will permit a degree of specialization on the part of the participants.

The final day of the staff training program should find all of the consultants utilized during the week available for private conferences with the individual participants. This is the time when the consultants may attempt to fill in blank spaces for individuals which have been created during the previous four days, and this is the time when consultants may recognize the degree of sophistication of the professional experience and training of the participants.

The 40 hours of staff training may be represented by the following schedule.

MONDAY

8:00 - 11:00	Development of Goals for the Centers
11:00 - 12:00 Noon	Lunch
12:00 - 3:00	Discussion of Evaluation and Diagnostic Instruments
3:00 - 5:00	Individual and Group Questions on Previous Two Sessions

TUESDAY	
8:00 - 10:00	Individuality of Children (Physical)
10:00 - 12:00	Individuality of Children (Psychological)
12:00 - 1:00	Lunch
1:00 - 3:00	Individuality of Children (Social)
3:00 - 5:00	Individual and Group Questions on Three Preceding Sessions
WEDNESDAY	
8:00 - 12:00	How Children Think and Learn
12:00 - 1:00	Lunch
1:00 - 3:00	How Children Think and Learn (continued)
3:00 - 5:00	Individual and Group Questions on Two Preceding Sessions
THURSDAY	
8:00 - 10:00	School and Community Relations
10:00 - 12:00	Materials and Equipment
12:00 - 1:00	Lunch
1:00 - 3:00	Materials and Equipment (continued)
3:00 - 5:00	Individual and Group Questions on Three Preceding Sessions
FRIDAY	
8:00 - 12:00	Individual and Group Appointments with Consultative Staff
12:00 - 1:00	Lunch
1:00 - 5:00	Individual and Group Appointments with Consultative Staff

With 40 hours of staff or workshop training, what do we hope to have accomplished? We have developed some goals or purposes which within certain limitations are acceptable for all of the centers. This creates a community of purpose to which all centers may subscribe thereby creating a cohesiveness that should prove advantageous in a subsequent exchange of methods, materials, and ideas. We have also built a foundation for understanding the purposes behind the evaluative and diagnostic activities of the centers which we expect to be communicated to the entire staff of each center. We have pointed out certain behavioral observations indicative of various types of individual differences in children which should prove a base for individual courses of action designed to recognize and build upon the uniqueness of each child. We have provided a brief background of the several theories of how the preschool child learns and thereby established a base for logical action designed to accommodate learning experiences. We have set forth a frame of reference for relations with the community and particularly the parents of children housed in the centers. We have demonstrated and displayed an array of materials and equipment from which participants may select and modify to fit the needs of their particular centers. Finally and most promising of all, we have provided opportunities for face to face, one to one discussions of specific problems or concerns with a consultative staff of experience and ability.

Forty hours have been devoted to the facts, the concepts, the theories of educating the preschool child with no attention whatsoever to the handicaps which are an essential factor of each center. It is not the province of a general school administrator, such as the writer, to delineate a staff training program which would provide for the staff of a center with respect to particular types of handicaps. The recommendation for 40 hours staff training which did not recognize

that centers are dealing with handicapped children was based upon the premise that there are more areas of commonality among all preschool children than there are areas of differences.

With the same premise applied only to handicapped children there are areas of differences; the writer recommends that approximately 20 hours of staff or workshop training be provided in the general area of working with handicapped children with no distinction as to specific type of handicap. One would assume that time would be devoted to the desirable attitude of the teacher of handicapped children, the psychological approach, the expectations, the role of the teacher. One might assume that there are basic differences in the children as compared to the normal child which need to be combatted, modified, adjusted, or in some instances emphasized. These decisions must be left to the specialists in the field. The writer suggests approximately 20 hours of staff training within the general framework suggested in which all would participate.

To complete the program, the writer suggests that a final 20 hours be devoted to staff training programs related to specific disabilities. Participants would select the area of disability pertinent to the center with which they were associated. In instances where centers deal with more than one specific disability a selection would have to be made or an additional staff member would need to attend. Consultants in this phase of the program should be selected for areas of disability in which the consultants had special competencies.

A COLLABORATIVE RESPONSE TO THE HEAD START MANDATE TO INTEGRATE HANDICAPPED CHILDREN

Experimental Education Unit Staff

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Sam Delaney, Project Co-Director
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> "The Secretary of Health, Education and Welfare shall establish policies and procedures designed to assure that not less than ten percent of the total number of enrollment opportunities in the nation in the Head Start program shall be available for handicapped children as defined in paragraph (1) of section 602 of the Elementary and Secondary Education Act of 1965, as amended, and that services shall be provided to meet their special needs [Section 3 (b) (2) of the Economic Opportunity Act Amendments of 1972 (P.L. 92-424)]."

With these words, the United States Congress officially recognized an urgent need within our society -- the need to provide services to young handicapped children -- and it set in motion the means for coming to grips with that need. It would be misleading, however, to assume that the legislation is altogether a new idea; rather, it can be seen both as a culmination of earlier legislative trends and as a reflection of other activities on behalf of handicapped children throughout the nation.

Providing services to handicapped preschool children in Head Start is not a new development. As a national demonstration effort, Head Start has always been charged with responsibility for planning and executing innovative, comprehensive child development programs from which children with special needs were not to be excluded. A review of the legislation from 1967 to 1973 concerning delivery of services to children in Head Start, as well as the guidelines that were developed in response to the various legislative requirements, clearly indicates the continuing intent of Congress and Head Start to provide services to children with special needs.

The Head Start policy manual of 1967 (6108-1) stated that "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The 1972 amendments to the Economic Opportunity Act, including the amendment stated above, are more forceful because they require rather than merely "encourage" the

integration of handicapped with non-handicapped children. A minimum enrollment of ten percent set aside for handicapped children was established to make sure that opportunities were available for the many children whose needs require special programs and services.

The Head Start mandate can not be seen in isolation. Parents, teachers and other professionals, and agencies in communities across the country have long been concerned with the early identification of handicapping conditions and attempting to meet the special needs of handicapped children; these groups have translated their concerns into meaningful action. In Pennsylvania, parents whose children were denied public education because of their handicaps brought a legal suit that finally reached a federal district court. The court ruled that the state was, indeed, responsible for educating all children. In Washington State, the state legislature enacted House Bill 90, "Education for All," in response to the concerted efforts of many people who were concerned about the state's failure to provide educational services for children whose needs were different from those of "normal" children. Now the state is obliged to educate all children, no matter how severe their handicaps. A number of other states have passed such legislation, and others are moving in this direction. In this context, the Head Start mandate can be seen as an effort to extend such services to very young handicapped children.

The matter-of-fact words of the Head Start legislation do not, however, tell the whole story. They give no indication, for instance, of the sense of challenge -- or the apprehensions -- felt by families, teachers, and the children themselves as communities across the country begin to implement the mandate to integrate handicapped children in Head Start. Everyone involved in the program knows that it will be a long, arduous, perhaps perplexing effort and that there will be no "instant miracles." How is this effort working? What are some of the anxieties felt by those who perform the day-to-day work? What means have been developed for overcoming some of these anxieties? In this article, we would like to talk about how one Head Start program has begun its task of integrating handicapped with non-handicapped children and to describe the collaboration between that Head Start staff and a University based "training team" in making the legislative mandate a reality.

The Office of Child Development/Bureau of Education for the Handicapped Collaborative Experimental Handicapped Project

How the Project Began

Early discussions concerning implementation of the Head Start mandate took place in Washington, D. C., between representatives of the Office of Child Development (OCD), -- Head Start, and the Bureau of Education for the Handicapped (BEH). Then, in April, 1972, during The Council for Exceptional Children's international meeting in Washington, several Directors of BEH projects who had worked with Head Start met with representatives of OCD and BEH at the Head Start national offices.

In June, 1972, representatives of OCD and BEH called another meeting in Washington, D.C., and invited to it six project directors of BEH exemplary preschool programs who had previously worked with Head Start, including the Director

of the Model Preschool Center for Handicapped Children at the Experimental Education Unit, University of Washington. Also invited to this meeting were representatives of the OCD Regional Offices from the areas in the country represented by these six project directors. At the meeting, the BEH project directors and OCD regional representatives worked together in preparing preliminary plans and budgets for developing collaborative projects with Head Start centers in their respective home areas.

The purpose of these projects was to develop and test replicable models -- pilot programs -- for integrating handicapped children in Head Start. Most important, the pilot programs were to be "transportable," that is, easily used in different field programs that were integrating handicapped children.

A decision was made at the Experimental Education Unit to launch the collaborative project with staff members from the Central Area Motivation Program (CAMP) -- a Head Start delegate agency in Seattle -- in a combined effort to develop and test replicable models that could be used by other Head Start agencies. The CAMP group was selected because it operates year-round and includes a day care program in which children remain in the various centers for the full day. Further, the four centers are close enough to the University of Washington to permit the training team to spend a maximum amount of time working with children and staff rather than traveling to more distant centers.

The Model Preschool Center for Handicapped Children at the Experimental Education Unit and Its Work in Field Projects

Members of the training team from the Model Preschool Center for Handicapped Children at the Experimental Education Unit are no strangers to Head Start. One important function of the Unit is to work with staffs from field programs, and preschool staff at the Unit have had a productive relationship with Head Start staffs ever since Head Start's inception in 1965. We have worked together in training Head Start teachers and have collaborated in running classes for Head Start children who were mentally retarded or who had severe behavior problems. Nor are members of the training team newcomers to teamwork. Every program at the Unit is a cooperative effort in which staff members, trainees, families, consultants, and the children themselves work together toward common objectives.

The Experimental Education Unit is a demonstration and training center; it is one of four Units of the multidisciplinary Child Development and Mental Retardation Center at the University of Washington. Its three principal activities are to provide service to children with a wide range of handicapping conditions; to engage in research that is focused on identifying handicapping conditions and on finding ways to remediate them; and to train students from many disciplines in undergraduate, graduate, and community college programs as well as to provide specialized training and resource services to the staffs, including paraprofessionals, of field programs such as Head Start, Epton Day Care Centers (where many children are severely handicapped), and school districts.

Children from birth to six years are referred to the Model Preschool Center because their performance suggests that they have lags or disabilities in developing motor, self help, social, communication, or cognitive skills. The most

important emphasis of any remediation program developed for a child at the Center, or in field programs affiliated with the Center, is to bring that child as close to normal development as possible and to maximize each child's potential. We believe that there are talented, gifted children in every population, and that the abilities of handicapped children, no less than those of other children, should be recognized and fostered.

There are two basic components of all programs at the Center that have particular importance in our work with field projects such as Head Start. Both components "travel" very well and staffs in field programs have found both to be valuable. The first component is encouraging family members' involvement in their child's educational program; the second is the use of careful observation and assessment as a means of planning programs for the children.

Some Model Preschool Procedures That Are Used in Field Programs

Family Involvement

It is very difficult, if not impossible, to plan and carry out a program for a child with special needs unless the child's family or guardians understand the program, agree that it is useful, and are willing to help teachers in carrying it out. For instance, if teachers wish to encourage a child with few verbal skills to speak more often and they take every opportunity to have conversations with the child, such a program can be ruined if at home the family tells the child to be quiet every time he does say something. But this works both ways. Families are often upset or discouraged because of some aspects of a child's behavior, and the teacher's behavior toward the child at school may be very different from their wishes. Needless to say, it is important for the child's teachers and his family to work cooperatively in seeking to improve the child's performance.

At the Model Preschool Center, staff members work very closely with parents and other family members to enlist their help in maintaining at home the gains the child is able to make at school. During the child's stay at the Center, his family is fully informed of his progress and remain in close touch with all the teachers who work with him. Parents or guardians may review information concerning their child's progress and are encouraged not only to share ideas with the teachers but to work in the classroom. In our program for Down's syndrome (mongoloid) children, teachers train the families of infants to perform some of the developmental exercises that can improve the child's motor skills. These are only some examples of ways families and staff can and do work cooperatively for the improvement of the children's performance.

When a child is enrolled at the Center or in field programs, his parents or guardians are asked to sign consent forms that describe the instructional and motivational procedures used and that explain the Center's policies and practices concerning confidentiality of records. As more and more handicapped chidren are drawn into Head Start and other preschool programs, there is an even more urgent need to be concerned with confidentiality -- to preserve the children's and their families' anonymity and to protect their privacy. Our policy is to regard all records as confidential and to maintain strict control over them; they are kept

in locked cabinets. In any reports concerning programs at the Center or in the field, children's family names are never used, and even their first names are changed unless the children's families specifically consent to having the child's real first name used in a report. Families have different points of view concerning this practice. Some are so proud of their children's gains that they want the children to be identified by name; others do not want their names revealed under any circumstances. We have found it is far better to err on the side of extreme caution in matters involving protection of children's and families' anonymity.

Consent forms such as the ones used here are going to become even more prevalent and will have particular importance for projects such as Head Start. It is our hope that the use of such forms will encourage families to participate even more fully in their child's programs than they may participate now.

Observation and Ongoing Assessment of Children

As we stated earlier, all children entering Center or field programs receive some form of preliminary assessment. At the Center, referrals are made by agencies, doctors, parents, or various clinics at the University. The amount of information available concerning the child very often depends on the referral source. For instance, parents may have only a nagging suspicion that their three year old is "slow"; doctors may notice a developmental lag that they had not observed in a child before; or, in cases where a clinic staff have assessed a child, he may have had a complete work-up. This variation in entering information is all the more pronounced in field settings where referrals may come primarily from parents or other relatives and where the child may or may not have had a formal assessment.

At the Center, children's medical records are reviewed, and if there is need for continuing medical or supplementary service, the Center may request re-examination or testing and may submit supporting information gathered in the classroom with the request. In field centers, too, such practice is certainly advisable in order to insure that any services the child needs are being provided.

Now, more than ever before, teachers in field programs will be expected to have skills in assessing children's performance that they have not previously been required to have. We expect that teachers and others who work with children in field programs, particularly in rural areas, will become the persons who will identify those children's handicapping conditions that become evident only through ongoing assessment over a period of time; and they will make important judgments about how such conditions impede the children's progress. For example, information from ongoing assessment may indicate the need to refer a child for more specific diagnosis and for treatment recommendations. The data that teachers collect can be helpful in pinpointing specific problems which concern teachers, and this information will be useful to consultants called in for diagnostic help. For this reason, ongoing assessment skills will be ever more necessary for teachers to have.

Assessment never ends. The following practices, which are routine at the Center, are used with only minor modifications in field programs such as Head

Start, and they are the basis for any program planning for children.

Initial assessment. Once a child is enrolled in the Center, teachers and others who work with him first of all simply observe the child in the classroom, keeping records of their observations, perhaps administering one of the screening and diagnostic instruments commonly used. The purpose of this first review is to get an unbiased picture of the child's behavior over time in a setting that is becoming ever more familiar to him. Too often, observations that are made on the basis of a single visit to a doctor or psychologist in an unfamiliar setting give an incomplete picture of a child's capabilities. Some "baseline" or preliminary data may be taken in a fairly brief period of time. For example, if a child is referred because he has a severe behavior problem, it is important to move toward modifying his inappropriate behaviors as quickly as they are determined. Baseline information may disclose behaviors occurring frequently which need to be dealt with as quickly as possible in order to help the child be accepted by his peers and to decrease those behaviors which interfere with his learning. A child who spends more time having tantrums than doing anything else needs help right away! But teachers must keep very careful records of his "tantrum behavior" in order to know exactly how often it occurs and to know whether their tactics are working to reduce these occurrences.

After a period of initial assessment, a child is placed in a classroom where his particular handicapping condition can best be remediated. Preliminary information usually indicates the appropriate placement. For instance, the teachers may decide on the basis of his data that the child's primary handicap is a communication lag. They may ask a member of the communications team to take finer-focus data on the child's communication performance. Together, the communication specialist and the teachers may decide that the child would best be placed in a classroom where a remediation program can be developed to deal with his communication lag. Often, the line between a social skills developmental lag and a communication lag can be a very fine one; in such cases, fine-focus data are useful for determining the best placement for the child.

Continuous assessment . After the baseline period of observation, teachers and trainees (with cooperation from parents) develop a specific, individualized remediation program for the child. The program will be carried out in a classroom in which other children are also working toward individualized performance goals that have been formulated for them. Once such a program has begun, teachers continue to monitor the child's progress by the same means that have been used during the baseline period: systematic observation, data analysis, and occasional use of tests designed to measure a child's progress toward developmental norms. Every observation is recorded and placed on a chart and then analyzed by all staff members who are concerned with this child. Every day, teachers discuss each child's data for that day. Programs are examined and modified (if necessary) on the basis of the child's observed performance. Teachers want to know what conditions in the child's environment -- including the instructional program or the motivational conditions -- are maintaining, speeding up, or decreasing various behaviors. When a child has reached one set of goals established for him, teachers must then set realistic next-step goals. Only the data they have collected can tell them whether these goals are realistic, whether the child is making adequate progress, and whether their programming for that child has been appropriate.

The Collaborative Experimental Project: How Does It Work?

A Point of View Concerning Collaboration

As in all its work with field programs, the training team from the Model Preschool Center approached this new Head Start undertaking with a great sense of challenge and with tremendous respect for the Head Start staff. Although we were being called upon to provide training and "expertise," we knew that no one except those persons working in the field can truly understand needs in the field. We were prepared to learn as much from our colleagues in this program as we could hope to teach them. There is no surer way to ruin this kind of program than for the "experts" from a setting such as a university or a demonstration center to arrive on the field scene and say "Well, here we are, and this is how things are going to be done," that is, to impose a point of view or a set of procedures on the field staff. From the start, we understood that "we're all in this together" and that we would all learn a lot. We asked the Head Start staff to tell us what they perceived their needs to be, what problems they wanted help with, and where they wanted to begin.

Begin at the Beginning

"When the project became a reality, I found myself scared to death, resistant to change, and challenged as a leader . . . my staff also had feelings of inadequacy . . . of lacking the necessary skills required to meet the needs of the children and their families." So saying, the CAMP Head Start Director spoke not only for herself but echoed the words heard again and again from a staff who felt they might not have the competencies required, who were apprehensive about the extensive training they thought they would need, and who were perplexed about how, precisely, they would be able to meet the needs of handicapped children within the Head Start framework.

As a beginning step, it seemed important to convince the staff that they had almost certainly had more experience in working with handicapped children than they realized. We asked them to have the Head Start nurse review the medical records of children enrolled to find out if any of them showed the sort of developmental lags or disabilities that are considered handicapping. We did not want to see those records ourselves or to encourage others to do so, in view of our concern for the confidentiality of records discussed earlier. We then met as a group to review the medical information, information available from parents, the results of any screening tests performed on the children, and any concerns teachers had about enrolled children. Clearly, there were already children in the program who had handicapping conditions; this review gave us the information we needed in order to identify those children who needed special attention in the classroom or special services from resource agencies. We all agreed, however, that merely identifying children in this way would not be enough; we realized we might need to do further, fine-focus screening and that careful observation in the classroom over a period of time would certainly help to identify handicaps and potential handicaps that are often not detected in a one-time medical examination or screening test.

Nevertheless, the teachers were still quite anxious about "handicaps." It seemed important to take some of the frightening sting out of that word by talking, instead, about children's needs. We started with the basic concept that handicapped children are, first of all, children, and like all children -- in fact,

like all people -- they have individual personalities, individual capabilities, and individual needs. That has never been an alien idea at Head Start, where from the beginning children's individual differences have always been respected. It seemed to us that children with handicaps simply had more acute needs, more specialized needs, but that resources did exist within the staff and from outside sources for meeting many of these needs. Somehow there is an important psychological distinction here: people who may be terrified at the prospect of dealing with "handicaps" are not frightened about responding to "needs."

It is interesting, in this context, to note the evolution of what is thought to be "handicapping." In the 1967 policy manual discussed earlier, children who might need special services were merely referred to as "mentally or physically handicapped." By 1972, however, the legislation mandating integration of handicapped children in Head Start was much more specific, stating that handicapped children were "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services [OCD/BEH Guidelines]."

Handicaps in children do not usually appear suddenly, and there has been ample evidence of this fact in the CAMP Head Start program. Teachers often suspected a potential handicap for a long time. They were far more competent at identification than they realized: both parents and teachers commented on several occasions that they had been concerned for some time about certain aspects of child development or behavior because they felt that something was "different" or "wrong." Teachers had actually had many opportunities to observe different types of problems in behavior and performance and our training emphasized the importance of observation in detecting these potential problems. As demonstrated in the CAMP program, identifying the special needs of the children does not always lie in observing differences in test performance. Equally important aspects of work with handicapped children are, first, identifying their handicapping conditions as early as possible, second, determining the relevance and impact of current behavior on later performance, and, third, arriving at decisions and developing programs to correct or alleviate observed problems in behavior and skills development. Our training efforts were directed towards all three aspects.

After the Beginning: Creative Uses of Problem Solving

A Problem Solving Approach to Training

It is certainly not enough merely to assure a staff that they are more capable than they thought they were. The next requirement is to work with that staff in the field to see the problems from their point of view and to begin to try to solve the problems together. An important aspect of problem solving is to realize that nothing can be done in one great rush. Our emphasis was on taking things step by step, in a sequence that was to be determined by the needs of the staff. In the field, we wanted to know, first, what were their most immediate concerns; what were their worst problems? We felt that by working with the staff to alleviate the most pressing problems, the staff could later use some of the same procedures to cope with other problems as they arose. Different centers had different kinds of problems. In one the staff felt that the entire classroom was in turmoil because of one child's excessive violence, and it was obvious that this would have to be reckoned with quickly. In another center teachers were eager to find ways of communicating with a deaf child who needed

to be drawn out of her isolation and made to feel a part of the group. In both cases the trainers and the staff developed procedures that everybody was comfortable with and that could apply to other situations.

Although drawing the deaf child into the group involved using some special techniques, such as sign language, the overall methods used for bringing the child closer to the group were applicable to other withdrawn or isolate children. It is quite interesting to note that in this classroom the children as well as the teacher learned to communicate with the deaf child by using sign language, and they, too, worked hard to make her feel that she was an important part of the group.

In the classroom where the child's violence threatened real harm to everyone, the trainer developed the following ways of working with that problem. The teachers have the opportunity to observe the children for much more time than the trainer, which means that the teacher can give the trainer ideas about the special needs of the children. The trainer can assist the teacher by providing a format with which to develop procedures for dealing with these needs.

The first step in working with behavioral problems is to set up a specific goal for the child that is observable and measurable. This goal should be quite limited so that it identifies a behavior that can be observed and measured by all and agreed upon by all as a disruptive behavior. For example, hitting may be the child's most frequent disruptive behavior; the goal would be to decrease his rate of hitting. However, setting a goal doesn't guarantee an automatic change in behavior; it is only a first step.

The next step is to establish a procedure which all the staff can agree upon. Every time the behavior occurs the same procedure will be used. In establishing a consistent procedure it is essential that all who deal with the child be heard; there are a number of different approaches that can be used to achieve the same goal and all ideas should be given consideration. If one person controls or dominates the procedure the rest of the staff will not participate as they might if they had a voice in the decision, and there will be greater trouble in implementing the means to achieve the goal. This happens all too often when two teachers or parents cannot agree upon a procedure and each pursues his own. The child can manipulate one adult against the other. He controls the situation and his behavior problems increase.

The last step is to set up a measurement system that reflects the child's progress. A chart is used to display information about the child's behavior, and it can indicate whether the child is headed in the direction specified by the goal -- for instance, the day by day decrease of a disruptive behavior. If the chart shows that the child is headed in the wrong direction, it is possible that either the wrong goal was set for the child or the wrong procedures are being used. If one procedure doesn't work, others should be discussed and used. The child's progress or lack of progress will help to indicate which one to use. The child, not the adult, is the key to the approach.

The teachers reported that by the end of four weeks the child's behavior had changed dramatically and that the staff had become aware not only of the need to reduce or eliminate his negative behavior but also to notice and to make him realize that they appreciated his positive behavior. They said that working with this child's very real problems enabled them to develop skills for working with other children and for assessing children who are newly enrolled in the program.

In addition to the work with individual teachers in the four centers, staff inservice sessions were held at each center and workshops were scheduled for the entire CAMP staff at regular intervals. Emphasis was placed on helping the staff to become as independent of the training team as possible. The CAMP staff was encouraged to participate in the training workshops and to "take over" some of the training activities so that ongoing training and training of new staff could be carried on as independently as possible. Our purpose was to develop with the staff a training program designed first of all to meet their perceived needs and then to help them discover other training needs as the project progressed. The result of this collaboration is a project in which the teachers have become the experts and the trainers have acted as resource persons or consultants.

Parents' and Families' Contributions to Problem Solving

We have discussed earlier the important reasons for involving families in their children's educational programs. In a new program, there is an even more urgent need to involve families as fully as possible in order to alleviate any anxieties they may feel. The families of non-handicapped children may worry that having children with special needs in the program will make it impossible for teachers to pay enough attention to their own children. Families of handicapped children may have anxieties about whether their children can fully participate in such a program and they may also worry about how well their handicapped child will be accepted by other children, other families, and the staff.

Family members, like teachers, will not feel very comfortable in participating unless their efforts are appreciated and unless they feel that they can make worthwhile contributions.

Ways families can help with classroom problems. There are traditional ways in which family members can help: they can volunteer to work in the classroom; they can keep in very close touch with teachers in working cooperatively towards their own child's improvement. We are suggesting that they can also contribute in some less common decision making and problem solving ways.

In our program, families and teachers will be working together in trying to set some criteria for evaluating facilities and equipment. They will develop lists of requirements that must be met by any building housing a program for handicapped children. They are concerned about the limitations and the merits of various facilities.

They will be looking at facilities in terms of their safety and their appropriateness. They will also consider the possibility of differential placement -- that is, placing children in facilities that are best equipped to meet their special needs or that are best adapted to serve children with certain types of handicapping conditions. For example, a building with many stairs to negotiate may not be the most appropriate placement for orthopedically handicapped children.

Families and teachers are also equally concerned about materials and equipment for children in the program. They will be taking a long, hard look at a market flooded with goods, some merely gimmicks, and will develop a list of criteria for selecting materials and equipment. They will want to know, first, whether the equipment is safe, appropriate for the children's age level, designed adequately for children with handicaps, easy to maintain and to store

and durable and well made. They will also want to know whether the equipment is related to the educational goals for the children in the program -- will it really help children to develop motor, cognitive and self help skills? They will want to look at different versions of the same equipment and have a chance to try things out at the same time for comparison, and they will want to know what sort of guarantee the manufacturer will give to the user.

Families' contributions through the Policy Council. Probably the most significant contribution families can make outside the classroom is their participation in or relation to the Policy Council. Nothing can alleviate families' anxieties about a program more productively than their own feeling that they have a say in how the program will be run. For that reason, everyone in the CAMP Head Start program fully respects the Policy Council as a significant part of this program.

In Seattle, the Policy Council is not a vague sort of advisory committee that gives an automatic green light to everything. It is a policy-making council, and everything concerning the program is cleared through this group. Teachers recognize the authority of the Council and the training team has welcomed the opportunity to discuss all program considerations with the Council.

The Council is dramatically chosen; it is made up of parents or other relatives selected from each delegate agency's policy committee, with two representatives from each agency. Families can bring their concerns to their local policy committee, which then transmits the concerns to the Council. They know that their concerns will be given a fair hearing.

When the National Office of Child Development responded to the 1972 mandate by developing a series of guidelines and performance standards for local programs, the Seattle Policy Council went to work immediately to review their recruitment policies and procedures. The Council played an important role in determining the direction the local program would take. Program modifications, training schedules, staffing, recruitment, consent forms -- these were all reviewed and approved by the Council before the program got under way.

The anxiety present in a Head Start staff attempting to provide the best possible program for a child with special needs is often based upon the recognition of a need for some assistance outside of the program and a concern about the availability of such resources. Resources that have been identified at the national, regional, state, county, and local level provide an excellent opportunity to reduce the fear of "not being able to give him what he needs." Many of the resources are able to provide short term evaluations, education and training, and consultant services in the form of workshops and seminars for teachers, therapists, nurses, aides, and families. Many resources identified at the county or local level can provide services in the center or in the field.

The Policy Council can -- and does -- provide a great deal of assistance to the Head Start program by helping to identify available resources and in the followup procedures required to insure the delivery of services. The Policy Council can invite representatives of the various resources to sit on the advisory boards required in the operation of an effective Head Start program. A great deal of fear can be reduced through identifying and utilizing functional resources.

Concluding Statement

The Head Start mandate was well timed and was consistent with progressive emerging trends; it has caused a lot of ripples and in some cases a few waves but has also stimulated some excellent collaborative planning among representatives of federal and regional agencies as well as among local groups. The challenge it presents should lend increased vigor to Head Start programs and should result in improved instruction and services for all the children enrolled in these programs, not just the handicapped. The collaborative efforts of the Office of Child Development, the Bureau of Education for the Handicapped and The Council for Exceptional Children, to name a few of the agencies and organizations combining talents and resources in this new effort, are commendatory and pace setting. Head Start has been an effective program, but like all programs it cannot remain static if it is to meet the needs of children and their families.

We have long been impressed with the effectiveness and productivity of collaborative efforts. We find that team effort can stimulate new ideas, new productivity, new enthusiasm, and a willingness to take a new or second look at what has been done and what could be improved. Such a challenge requires cooperation, exchange, a willingness to learn, and a lot of hard work and determination to improve programs. The collaborative effort with the Central Area Motivation Program and our attempt to develop and test new models which may be helpful in other Head Start programs has been filled with gratifying experiences and responses from all in the collaborative effort. Adults, whether they are staff members or parents, must always keep their focus on the children. The children should be able to work and learn in a pleasant and comfortable environment -- they should not be expected to carry the burden of adult resentment, fear, or feelings of insecurity. Staff members in training should also feel comfortable and should derive gratification from their acquisition of new skills which result in individual and group pupil progress. Increased staff competence has led to increased self confidence, independence, cooperation, consideration, and resourcefulness. There is concrete evidence to indicate that staff absenteeism has been reduced, parent and family involvement has been increased, pupil progress has been increased, behavior problems are less frequent, and the problem solving approach reduces fears and tensions. Systematic observation of children and ongoing assessment permit early identification of difficulties which can be approached objectively and effectively through decision making based on data.

It is our fervent hope that other collaborative efforts to meet the Head Start mandate will be as enriching and as rewarding as ours has been. At first the staff was apprehensive. How were they to take on a new and difficult responsibility -- the integration of handicappped children; what kind of training could benefit the staff in the assumption of this responsibility? In but a few months, staff members were participating as full fledged members of the training team. When opportunities were presented for participation in training workshops for other groups and for making presentations at the National Association for the Education of Young Children's sessions on handicapped children, there was no shortage of staff volunteers willing to assume these new challenges. The attitude is, "When you've got something good, why not share it?"

Office of Child Development Region IX Workshop on Integrating
Handicapped Children into Project Head Start
San Francisco, California January 16-17, 1974

A MODEL ORIENTATION WORKSHOP ON INTEGRATING HANDICAPPED CHILDREN INTO PROJECT HEAD START

(Abstracts of Speeches, Panel Discussion,
and Small-Group Presentations)

Prepared by staff at:

Model Preschool Center for Handicapped Children,
Experimental Education Unit,
Child Development and Mental Retardation Center
University of Washington, Seattle

Seattle Public Schools Head Start

Central Area Motivation Program Head Start Full Day, Seattle

OCD Region IX Workshop on Integrating
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Panel Discussion January 16, 1974

Topic: Meeting the Head Start Mandate

Panel Members: Alice H. Hayden, Director, Model Preschool Center for Handicapped Children, University of Washington, Seattle.

Sam Delaney, Co-Director, Office of Child Development/Bureau of Education for the Handicapped Experimental Handicapped Project with Head Start, Seattle.

Edna Jones, Director, Central Area Motivation Program Head Start Full Day, Seattle

Daisy Dawson, Director, Seattle Public Schools Head Start

Who are the handicapped? According to the Head Start mandate of 1972, the handicapped are: "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services." It is important to recognize that handicapped children show the same wide variations in development as do normal children and that there are differences in degree or extent of the children's handicapping condition. Moreover, a child may be handicapped in one specific way, but this does not mean that he is different from other children in many other ways. Finally, although some sensory handicapping conditions may be alleviated -- for instance, by glasses or hearing aids -- the child's problem may not be altogether "solved" by these devices; further work is necessary to enable the child to use his resources to the fullest extent possible.

Systematic observation may enable us to identify as early as possible the special needs of young handicapped children. Many potentially handicapping conditions may be prevented or remediated to some degree by early intervention. The Head Start mandate is especially welcome because it will promote identification of those children needing special services at an age when intervention can be most beneficial.

Since its beginning in 1965, Head Start has always sought to help each child realize his maximum potential and to prepare the child to function in Head Start and in society as normally as possible. It is a goal that has special significance for handicapped children who have never in fact been excluded from Head Start. The mandate simply helps to insure that all children have an opportunity to participate in the programs available for them. Our responsibility is to insure that these programs are the best possible programs we can provide, and that integrating handicapped children involves far more than merely placing them in a classroom with non-handicapped peers. Through this effort we may improve programs not only for handicapped children but for non-handicapped children as well.

What does the mandate include? Specific consideration will be given to the legislation mandating integration of handicapped children in regular Head Start programs, including a review of the evolution of this mandate from earlier trends and legislation. The national goals and objectives for Head Start, as well as the new performance standards established to insure delivery of mandated services, will be reviewed with emphasis on delivery of services to handicapped children. This review will also relate the Head Start goals and performance standards to topics that will be covered later in the workshop, both in general and small-group sessions, such as assessment, staff needs, and training. Head Start's goals represent an effort to provide a truly

comprehensive program for young children and their families. The performance standards are designed to insure that this program reaches and maintains a high level of quality throughout its various components.

What are some concerns of the adults who are responsible for carrying out the mandate? Although the mandate to integrate handicapped children in Head Start is an obvious challenge to teachers, aides, and families of handicapped children, it would be foolhardy to deny that it has caused concerns and anxieties as well. Families of handicapped children may worry about whether their children will be able to participate fully in a regular program and they may have anxieties about their children's acceptance by other children, other families, and teachers. At the same time, families of non-handicapped children wonder whether their children will receive sufficient attention if there are children with special needs in the class. Further, they may have rather stereotyped ideas about what handicapped children look like and how they behave, and they wonder how their own children will adapt to a classroom that includes "different" children.

Anxieties are no less strong among staff members who wonder if they themselves have had adequate training to meet this challenge. In questioning their own capabilities, they may feel that they need a whole new orientation, or extensive extra training to do the work. They may also have doubts about how, exactly, to integrate handicapped children into their particular Head Start Program.

Once recognized and dealt with openly, these anxieties can be alleviated and overcome. Two Head Start Directors will discuss their own, and their staffs', efforts and achievements in alleviating staff and family anxieties.

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General Session, January 17, 1974: Assessment

Topic: General Considerations in Assessment

Speaker: Norris G. Haring, Director, Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington, Seattle, Washington

This presentation will discuss the importance of systematic observation of a child's actual behavior as a basis for intervention, rather than acceptance of referral reports or subjective analyses of his ability. The vulnerability of such judgments to error leads naturally to the conclusion that some data-based, objective assessment is necessary. But what types of assessment are both efficacious and practical? At the Experimental Education Unit, many procedures have been developed, some involving complex, expensive equipment. But evidence shows that often the simplest paper-and-pencil checklist assessments offer adequate read-outs on child performance. Four kinds of assessment -- screening, initial, continuous, and summative assessments -- will be discussed as they apply to a number of areas of development: sensory, affective, social, conceptual, and language development.

In order to meet the Head Start mandate to develop and introduce improved child-oriented screening and diagnostic tools for use by local program staff by June 30, 1974, it will be necessary to employ precise, reliable assessment. This type of assessment should also provide programs with a means to self-evaluation and accountability. Most importantly, adequate assessments should help us to avoid two kinds of errors that have often been made: one, allowing a child who needs help to go without it; and, two, labelling a child as retarded who is not.

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General Session, January 17, 1974: Assessment

Topic: Specific Considerations in Assessment of Head Start Children

Speaker: K. Eileen Allen, Developmental Disabilities Training Coordinator, Child Development and Mental Ratardation Center, University of Washington

In order to assess young children's capabilities accurately, it is most important to keep specific records of what they actually do or do not do. For example, it is important to specify what play materials and equipment a child avoids or uses and how he uses them; which children and adults he interacts with and in what fashion; how long he attends to tasks; which self-help skills he has acquired and how adept he is in using them. These and a variety of other behaviors can be specified and counted. Just how such assessment procedures work will be demonstrated through videotaped presentations of case studies such as that of four year old Julie, who was successfully integrated into a regular preschool class in spite of her severe behavior problems.

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SMALL GROUP PRESENTATIONS: JANUARY 16 and 17

1:30 - 4:00 p.m.

TOPICS:

Emotionally Disturbed Children

Communication Disorders in Young Children

Assessment of Learning Handicaps

Individualization of Instruction

The Integration of Handicapped with Non-handicapped Children

Identifying and Meeting Staff Needs

Identification-Assessment-Referral-Follow-up

Mentally Retarded Children

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Topic: Emotionally Disturbed Children

Presenter: Norris G. Haring, Director, Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington, Seattle

Any consideration of emotional disorders must attend to the following: accurate identification; confirmation over time of the initial identification; and intervention to change the behavior. Here, as in the case of children who may be labeled "retarded," it is critically important to avoid using labels that tend to become self-fulfilling. Here, too, specific observed behavior must be the basis for an identification of "disturbance." Such judgments can not be left open to personal hunch or bias. Does a child seem "strange"? It is necessary to pinpoint those behaviors that seem strange, to observe their occurrence, and to record their frequency and the conditions under which they occur. Many "strange" behaviors -- excessive crying or whining, tics, bizarre hand movements, agressive behavior -- are emited by all children. However, an excessively high rate of any one of them is a sign that the child may need help. Further, these behaviors must be observed over time in a setting that is comfortable for the child. There can be no accurate assessment of a child's disorders on the basis of a single visit to a diagnostician -- children do not exhibit their usual behavior under such artificial conditions. Therefore, the teacher who observes the child over time in the natural setting of the classroom is in an excellent position to assess disturbance. The teacher is also in an excellent position to carry out an intervention because of his interaction with the child over time. The teacher can plan intervention strategies based on his observations of the child's behavior; he can also change those strategies if the pinpointed behavior does not change.

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Topic: Communication Disorders in Young Children

Presenter: Jane Rieke, Coordinator of Communication Programs, Model Preschool Center for Handicapped Children

Since success in school depends so much on adequate speech and language skills, the development of these skills should be stressed in every aspect of the Head Start program. Teachers, teacher aides, other children --in fact, everyone who participates in the lives of young children is a communication manager. The presenter will emphasize the importance of successful communication experiences for the continued development of adequate speech and language behaviors, and will suggest means for implementing a communication emphasis throughout the program. A simple communication model will be presented that can help teachers to (1) find a way to provide successful communication experiences for young children and (2) identify those children who need to be referred for specialized help.

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Title: Assessment of Learning Handicaps

Presenter: Keith Turner, Field Trainer - Coordinator, Model Preschool
Center for Handicapped Children, University of Washington, Seattle

This presentation is designed to help paraprofessionals and professionals to use their curriculum as an assessment tool for screening children who may have potential learning problems. Those children whose learning problems are identified early in life may be spared a more severely handicapping condition later.

Once a child is identified as having a potential problem, a professional consultant can be asked to assess further the specific nature of the problem: does it originate in the curriculum, the child, or a combination of both? If the child's performance is assessed early in the school year, it will be possible to design a program that is rewarding rather than punishing for him.

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Topic: Individualization of Instruction

Presenter: Paulette Benning, Supervisor, Model Preschool Center for Handicapped Children

It is indeed possible to manage individualized programs for young children within the structure of their daily school program. Such management involves selecting goals and procedures that best fit into the particular program's schedule and that best benefit each child. For instance, teachers and aides need to know the present skill levels of each child so as to determine what behaviors the child needs to learn. They must identify the particular reinforcers that work best for each child in order to motivate the child to learn. Teachers and aides must also be able to continuously assess children's progress in order to be sure that the instructional program established for each child is truly effective.

This presentation will emphasize ways that teachers and aides can select goals and procedures so they are manageable within the framework of their program.

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Topic: The Integration of Handicapped with Non-Handicapped Children

Presenter: K. Eileen Allen, Developmental Disabilities Training Coordinator,
Child Development and Mental Retardation Center,
University of Washington

Though handicapped children have special needs, there is good evidence that most benefit from being integrated into a program which does not, as Edward Zigler puts it, "isolate them in their specialness," but instead provides opportunities for each to gain confidence in his abilities and strengths and to be accepted by other children and adults.

What, however, are the implications of the word integration? The implications are many and give rise to a host of questions from parents, teachers and administrators. This presentation offers answers to several frequently asked questions based on our experiences over the past 4 years in the integrated preschool class at the Experimental Education Unit. The questions to be addressed are listed below; further questions will be invited from the audience.

1. Is it necessary to increase markedly the number of staff in an integrated program?
2. How many handicapped children can be integrated into a regular program?
3. Must a program have special materials and equipment for the handicapped child?
4. Can volunteers be used successfully to improve the adult-child ratio?
5. Will the "normal" children be upset by the presence of handicapped children?
6. Will the normal children pick up inappropriate behavior or undesirable mannerims?
7. Is it not impossible, even unrealistic, to set limits on handicapped children, especially "emotionally disturbed" and "mentally retarded"?
8. Do handicapped children feel too much pressure when confronted constantly by children so much more able than they?
9. Is it not difficult to get parents of "normal" children to accept a program in which there are a number of handicapped children?

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Topic: Identifying and Meeting Staff Needs

Presenters: Daisy Dawson, Director, Seattle Public Schools Head Start

Edna Jones, Director, Central Area Motivation Program Head Start Full Day

There are many parallels between identifying and meeting children's needs and identifying and meeting staff needs. The presenters will focus on these parallel situations, providing examples of ways in which a staff can be helped to develop the confidence and competencies necessary for integrating handicapped children in Head Start. They will discuss means to build on staff strengths and overcome weaknesses; means to capitalize on the various backgrounds, talents, and resources of the staff; ways in which to base staff training on observed and stated needs.

Staff teamwork does not occur automatically. It requires sensitivity to the concerns and needs of others; recognition of the varied contributions of staff members; awareness of staff and community resources; pooling of strengths; accessibility and open-mindedness on the part of the director. Objectivity and a problem-solving approach to classroom management are the hallmarks of a smoothly functioning team.

Ms. Dawson directs a half-day program; Ms. Jones directs a full day program. Their discussion will therefore cover staff needs in both settings.

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Topic: Identification-Assessment-Referral Follow-up Model

Presenter: Sam Delaney, Co-Director of Collaborative Programs, Model Preschool Center for Handicapped Children

Efforts spent on screening and diagnosis of problems are of little value unless something is done for those children who are identified as having special needs. This presentation will be concerned with assisting Head Start personnel in assessing the type and extent of services available in different communities and will provide a model for follow-up to insure that services and necessary treatment are being provided.

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Topic: Mentally Retarded Children

Presenter: Alice H. Hayden, Director, Model Preschool Center for Handicapped Children, Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington, Seattle

There are many causes and degrees of retardation. In recent years much progress has been made with retarded children of widely varying ability levels. As a result, the tendency to categorize the retarded as members of a group from whom little achievement could be expected has changed: now there is increasing evidence that with early identification and intervention programs many retarded children can attain higher levels of development. To do so, they require carefully structured and sequenced programs with particular concentration on their developmental lags in motor, communication, cognitive, and social skills.

As recently as ten years ago, many of these children were placed in state schools for the retarded. Now there is a trend toward integrating retarded children into school programs in the community, and toward a new sense of responsibility to the retarded and hope for their fuller participation in society.

Studies show that mildly and some moderately retarded children do as well or better in integrated programs as they do in special programs.

- K. Eileen Allen is Developmental Disabilities Training Coordinator, Child Development and Mental Retardation Center, University of Washington, Seattle, and Vice President, CEC Division on Early Childhood.

- Ann Bardwell is Associate Professor of Home Economics, Chief of Home Economics, Nisonger Center, and Project Director, Head Start Technical Assistance and Management System for Children with Handicaps, The Ohio State University, Columbus.

- Judith Bloch is Director, Pre-Schooler's Workshop, Garden City, New York.

- Clara M. Chaney is Director of Parent Education and Educational Therapist, Kephart Achievement Center, Fort Collins, Colorado.

- Joyce Stewart Evans is Resource Specialist, Early Childhood Program, Southwest Educational Development Laboratory, Austin, Texas.

- Mary Glockner is Editor, ERIC Early Childhood Education Newsletter, ERIC Clearinghouse on Early Childhood Education, University of Illinois, Urbana.

- Alice Hayden is Director, Model Preschool Center for Handicapped Children, University of Washington, Seattle.

- Merle Karnes is Professor, Institute for Research on Exceptional Children, University of Illinois, Urbana.

- Fred Kirby is Assistant Superintendent for Administrative and Curriculum Services, Muscogee County, Columbus, Georgia.

- Fred Jay Krieg is Assistant Professor of Education, and Director, Developmental Disabilities Training Program, University of New Hampshire, Durham.

- La Delle Olion is Director of Early Childhood Education and Developmental Disabilities, Head Start Technical Assistance and Management System for Children with Handicaps, The Ohio State University, Columbus.

- Ernestine Rainey is Director, Mississippi State University Preschool and Early Education Resource Center, Mississippi State, Mississippi.

- Jay M. Rotberg is Assistant Professor of Education, Department of Special Education, Boston University, and Associate Director of the New England Instructional Materials Center for Handicapped Children and Youth, Boston, Massachusetts.

- Don Sandy is Assistant Professor of Education, Department of Special Education, Boston University, and, Associate Director of the New England Instructional Materials Center for Handicapped Children and Youth, Boston, Massachusetts.

- R. Reid Zehrbach is Associate Professor, Institute for Research on Exceptional Children, University of Illinois, Urbana.

The Council for Exceptional Children

Head Start Information Project

The Council for Exceptional Children (CEC), founded in 1922, is a professional organization which promotes the advancement and education of handicapped and gifted children. With a membership of over 50,000, the CEC serves the educational community through publications, governmental relations, convention activities, information services, and special projects.

The Head Start Information Project (HIP) develops resources and provides training for Head Start personnel working with handicapped children. Purposes of the Project are to:

- Facilitate efforts of local Head Start centers serving handicapped children through the preparation and delivery of information and training products;
- Provide consultative services to Head Start staff regarding services to handicapped children; and to
- Mobilize existing resources in the handicapped services field aiding Head Start in implementing a comprehensive program for handicapped children.

We welcome <u>your</u> suggestions for new Head Start products to be developed and invite your assistance in identifying existing products suitable for HIP reproduction and distribution.

Address inquiries to:

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